

# 26TH ANNUAL DAVE KOPS TOURNAMENT OF CHAMPIONS

The 26th Annual Dave Kops Tournament of Champions high school softball tournament will take place March 10-12, 2022 at Rotary Park, Ken Fovargue Park and Mohave High School. This is the premiere high school softball tournament in the nation. An estimated 53 teams will be competing over three days to see who is the best! Vendors space is limited, reserve yours today.

We have six categories of vendors/exhibitors at this year's event.

**FOOD** - food cooked or prepared at the event

**RETAIL**- retail goods, nonperishable foods

**NON-PROFIT** - must be a 501c3 (not from Bullhead City)

**NON-PROFIT/LOCAL** - must be a 501c3 from Bullhead City/Laughlin

**ARTISAN** - handmade arts and crafts

**CORPORATE** - any company not selling products at the event

The event times are: (ALL TIMES ARE QUOTED AS ARIZONA TIME)

Vendors dates/times:

- **March 10-12, 2022 - Times - TBD**

Vendor space will be sold on a first come, first serve basis. If you do not pay your registration within 10 days of receipt of your application, your space will become available to others.

Vendors must either mail or email their complete vendor registration form to **City of Bullhead City, c/o Jackie Jensen, 2355 Trane Road, Bullhead City, AZ, 86442** or email to [jjensen@bullheadcityaz.gov](mailto:jjensen@bullheadcityaz.gov). You can include your payment check in the mail with your application (make payable to City of Bullhead).

Please read through the provided information, rules and regulations carefully. If you have any questions, do not hesitate to contact me.

Sincerely,  
Jackie Jensen  
Sponsorship Coordinator  
2355 Trane Road, Bullhead City, AZ 86442  
P. (928) 763-9400 ext. 8246E. [jjensen@bullheadcityaz.gov](mailto:jjensen@bullheadcityaz.gov)

[www.bullheadcitytoc.com](http://www.bullheadcitytoc.com)  
Follow us on Facebook - Dave Kops Tournament of Champions





# VENDOR PACKET PRICE SHEET

ALL PRICES ARE QUOTED FOR A THREE DAY EVENT/NOT PER DAY.

**Food** **\$300**  
 definition: food cooked or prepared at the event size: up to 10 x 20 - space only  
 requirements: Bullhead City business license and an Arizona health permit

**Retail** **\$75**  
 definition: retail goods, non perishable foods size: up to 10 x 20 and one 6ft table  
 requirements: Bullhead City business license

**Non-profit** **\$60**  
 definition: 501c3 not from Bullhead City size: 10 x 10 and one 6 ft table  
 requirements: copy of 501c3 letter

**Non-profit Local** **\$40**  
 definition: 501c3 from Bullhead City size: 10 x 10 and one 6 ft table  
 requirements: copy of 501c3 letter  
 requirements: Bullhead City business license

**Artisan** **\$40**  
 definition: handmade arts & crafts size: 10 x 10 and one 6 ft table  
 requirements: Bullhead City business license

**Corporate** Call for price  
 definition: any company not selling products at the event  
 requirements: Bullhead City business license

**Additional Fees (per hook up)**

- Water hook/up (limited) \$50
- Power hook/up (limited) \$50
- Tent (10x10) \$50
- Table (6 foot) \$25
- Additional space \$25 per 10ft  
minimum 10 feet



# DKTOC VENDOR APPLICATION

**COMPLETE AND RETURN VENDOR APPLICATION FORM, REQUIREMENTS SIGNATURE SHEET AND INDEMNITY AND RELEASE FORM**

Name of Vendor: \_\_\_\_\_  
Owner/Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# (     ) \_\_\_\_\_ Cell# (     ) \_\_\_\_\_  
Email Address \_\_\_\_\_  
ADOR Privilege Taxpayer I.D. # \_\_\_\_\_  
Type of organization    \_\_\_Sole Proprietor\_\_\_ Partnership\_\_\_ Corporation\_\_\_ Non-Profit Y N \_\_\_ LLC  
What you are selling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*VENDORS CAN ONLY SELL ITEMS LISTED ABOVE OR ON THE PRE-APPROVED ATTACHED LIST. \*\***

## **VENDOR FEES**

### **VENDER CATEGORIES**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> <b>Food</b>             | <b>\$300</b>          |
| <input type="checkbox"/> <b>Retail</b>           | <b>\$75</b>           |
| <input type="checkbox"/> <b>Non-profit</b>       | <b>\$60</b>           |
| <input type="checkbox"/> <b>Non-profit Local</b> | <b>\$40</b>           |
| <input type="checkbox"/> <b>Artisan</b>          | <b>\$40</b>           |
| <input type="checkbox"/> <b>Corporate</b>        | <b>Call for price</b> |

### **ADDITIONAL FEES**

- Water hook/up \$50 \_\_\_\_\_
- Power hook/up \$50 \_\_\_\_\_
- Tent \$50 \_\_\_\_\_
- Table \$25 \_\_\_\_\_
- Additional Space \$25 \_\_\_\_\_
- Banner Space \$150 \_\_\_\_\_
- Event Program Ad \$100 \_\_\_\_\_
- Coupon Sheet \$300 \_\_\_\_\_

Total Amount Due:\$ \_\_\_\_\_

Special Requests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

# DAVE KOPS TOURNAMENT OF CHAMPIONS VENDOR REQUIREMENTS SIGNATURE SHEET

Food/beverage vendors are required to submit a copy of their health permit issued by the Mohave County Health Department (Arizona) to the vendor chairperson. Contact the Health Department at (928) 758-0704.

Vendors are responsible for reporting and payment of all applicable sales tax.

**Vendor load-in is on FRIDAY, MARCH 10TH 8AM. MUST BE OPEN BY 11AM ON MARCH 10TH.**

Tournament Hours: (hours are tbd)

- Thursday, March 10th
- Friday, March 11th
- Saturday, March 12th

The above hours will be the advertised event hours. Vendors are encouraged to be open during these hours.

Requests for specific spaces cannot be guaranteed. Assignment of spaces is at the vendor chairman's discretion. PLEASE LIST AND HIGHLIGHT ANY SPECIAL REQUESTS AT THE BOTTOM OF THE (VENDOR REGISTRATION PAGE).

Vendors' are responsible for their own set-up and take down. The City does not provide any labor assistance.

Vendors are responsible for securing their booths during the event and over the night time hours. CRUSD staff, the City of Bullhead City, employees, departments and volunteers are not responsible for lost, stolen or damaged items.

CRUSD, City of Bullhead City, employees, departments and volunteers are not responsible for any liability incurred by your product or actions of your organization/company. The accompanying indemnity and release must be executed.

No refunds.

I have read the above information, rules and regulations pertaining to Dave Kops Tournament of Champions . I agree to abide by the above.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

**CITY OF BULLHEAD CITY  
SPECIAL EVENT VENDOR  
INDEMNITY AND RELEASE**

In consideration of the opportunity to sell authorized products at the Bullhead City special event listed below (“Event”), I agree to waive, release, indemnify, defend and hold harmless the City of Bullhead City, any sponsors, organizations, individuals or volunteers assisting with any phase of the Event, and their employees, agents, officers or elected officials from liability for any claim or suit for damages, including attorney’s fees, of any kind, and resulting from any injury to, death of, or property damage to myself or any other person arising out of my participation in the Event, in any capacity, except for claims of gross negligence or willful misconduct. I understand that this Indemnity and Release is binding upon my heirs, personal representatives, administrators, successors and assigns and those of the parties listed above. This Indemnity and Release also serves as my permission for use of any images taken of me during the Event and my waiver of any compensation for their use by the City and its assigns for any promotional or official City purposes. I understand and agree that this Indemnity and Release is intended to be as broad and inclusive as permitted by the laws of the State of Arizona, and that if any portion is held invalid, I agree that any remaining portions will continue in full force and effect.

I am aware of and acknowledge that I must abide by any written rules or established protocols for the operation of the Event as may be issued or directed by the City of Bullhead City.

I HAVE READ THIS INDEMNITY AND RELEASE AND FULLY AGREE TO ITS TERMS.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Special Event: \_\_\_\_\_

Name of business: \_\_\_\_\_

Nature of products: \_\_\_\_\_