



For More Information or Questions
Harry Turner
PO Box 714 Oak Harbor WA, 98277
(360) 679-3799
fang6_5@msn.com
www.oakharborkiwanis.org

KIWANIS BEACHCOMBERS BAZAAR VENDOR APPLICATION

Saturday, July 14, 2018, 9 am – 3 pm

NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

Select type of item to be sold (place check mark on all that apply)
FOOD [] ANTIQUES [] CRAFTS [] GARAGE SALE ITEMS []
OTHER [] (explain) _____

Fees: Please indicate choice. Checks made payable to “Kiwanis Club of Oak Harbor”

10 X 15 General Vendor Space \$35 (\$40 after July 1) _____
10 X 30 General Vendor Space \$50 (\$60 after July 1) _____
10 X 30 Food Vendor Space \$50 (\$60 after July 1) _____

All food vendors must provide Kiwanis with the following:

Food Handler Permit, Food Vendor Permit, Copy of Insurance

- Vendor set-up begins at 7am. All vendors must be set up and in place by 9am
- Vehicles WILL be permitted on walkways prior to 9am for unloading.
- Weather permitting ONE vehicle MAY be permitted at your site. (determined on the day of the event)
- Early Breakdown IS NOT permitted
- THERE WILL BE NO POWER AVAILABLE
- Kiwanis Beachcombers Committee will determine vendor space assignments
- Kiwanis members WILL be on hand to greet and direct you to your space
- No refunds will be given for any reason, including but not limited to weather or vendor non-participation.
- Your registration is your donation to Kiwanis Club charities
- Things to bring: Tables, Chairs, Trash Receptacles, Coverings in case of inclement weather

Agreement:

I agree to indemnify and hold harmless the Kiwanis Club of Oak Harbor, the Greater Oak Harbor Chamber of Commerce, the city of Oak Harbor, sponsors and volunteers from any and all claims, injuries and damages whatsoever occurring to my booth, products and person(s) as a result of my participation with the Beachcombers Bazaar.

I have read and accept the requirements provided and agree to accept full responsibility for the quality of any and all goods sold at the event.

Signature _____ Date _____

***To save a spot, send your completed application along with a check for the full amount of your space to
Kiwanis Club of Oak Harbor, PO Box 714 – Oak harbor, WA 98277***