



## Merchandise Vendor Application 2018

Freaky Kon Tiki July 21st

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Space Fee (Including electricity) (Limit of two spaces):**

10' x 10' \$75 x \_\_\_\_\_ = \$ \_\_\_\_\_

**(Application fee must be include)**

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

**\*\*\*\*\* BAY DAYS FOUNDATIONS NO LONGER ACCEPTS PERSONAL CHECKS\*\*\*\*\***

**PAYMENT:**

Certified Check     Money Order     MasterCard     Visa

**TO PROCESS CREDIT CARD PAYMENT:**

**Call 757-727-1641**

**Monday through Friday**

**9:00 a.m. until 4:00 p.m. EST and leave a message and call back # and time**



*Merchandise Vendor Application 2018 (continued)*

**(This application is for anyone selling non-hand-made items such as:  
“Thirty-one”, “Tupperware” “Scentsy”, etc)**

**Vendor Name: (Last, First):** \_\_\_\_\_

**Description of Merchandise (Use back if needed):**

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Bay Days Foundation welcomes employees, volunteers, vendors, sponsors, artisans, merchants, and entertainers without discrimination due to race, color, religion, sex (including pregnancy), national origin, age; disability or genetic information. Bay Days Foundation does not use neutral policies and practices that have a disproportionately negative effect on applicants or employees of any of the protected groups mentioned above. Bay Days Foundation values diversity among its employees, volunteers, vendors, sponsors, artisans, merchants and entertainers. Bay Days Foundation does not tolerate discrimination, harassment, or derogatory remarks on the basis of race, color, religion, sex (including pregnancy), national origin, age, disability or genetic information.

**Vendors must supply a 100-foot UL approved extension cord because the outlet will be in the area of 100 feet of your space. All lights must not exceed 200 watts.**

PLEASE MAKE SURE YOU HAVE ENCLOSED THE FOLLOWING:

- Completed Application – both pages
- Certified Check or money order for space payable to Bay Days Foundation.
- Certificate of Insurance and Endorsement
- Photographs.
- Self-addressed envelope with proper postage (65 cents).

**\*\*\*Application Deadline: May 1st \*\*\***

*NOTE: A non-refundable late fee of FIFTY DOLLARS (\$50.00) will be charged, if any application is incomplete or missing one of the required forms.*



*Merchandise Vendor Application 2018 (continued)*

**MAIL TO:                   BAY DAYS FOUNDATION, INC.  
                                  100 Bridge Street, Suite D3  
                                  Hampton, VA 23669**

Please read below before signing:

I agree to comply with the Rules and Regulations of the Bay Days Foundation Freaky Kon Tiki. (see attached).

Bay Days Foundation Freaky Kon Tiki is intended to be a rain or shine event. No refunds will be granted due to inclement weather conditions. In the event of a major catastrophe that causes the cancellation of the entire day of the event, the vendor shall be refunded SEVENTY-FIVE PERCENT (75%) of the previously paid vendor fee.

I, and my representative(s), expressly release and hold harmless ***Bay Days Foundation, Inc.*** and its directors, employees, agents and volunteers from any and all liability for injury, sickness or death, including personal injury and property damage or loss (including defense costs) which may arise in connection with vendor participation in the Bay Days Foundation Festival associated with the negligence of the vendor, and its employees or volunteers.

A Certificate of Insurance and Endorsement is required of all booth vendors who are in the festival. A Certificate of Commercial General Liability Insurance with a limit of not less than \$1,000,000.00 (ONE MILLION DOLLARS) per occurrence for bodily injury or property damage is required. The certificate will name ***Bay Days Foundation, Inc.*** as additionally insured and provide for thirty (30) days notice of cancellation. Said certificate will further be provided at the consummation of this agreement.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_