

Blaine Chamber of Commerce

Drayton Harbor Maritime Festival

Vendor/Exhibitor Application August 3 & 4, 2019 10:00 am – 5:00 pm

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***Check in & set up 7 am – 10 am. Food vendors must be set up by 9:00 am. This is an outdoor event – bring your own canopy, tables, chairs extension cord etc.***

**Event location: I-5 Exit # 276, 235 Marine Drive at the Blaine Marina.**

**Complete & return form with payment to: Blaine Chamber of Commerce, 546 Peace Portal Drive, Blaine, WA 98230. 360-332-6484 [vic@cityofblaine.com](mailto:vic@cityofblaine.com)**

Detach & Return Lower Portion -----

## **Drayton Harbor Maritime Festival Vendor/Exhibitor** **Aug 3 & 4, 2019**

Name \_\_\_\_\_

Address \_\_\_\_\_

Product/Service \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

(Food vendors must submit a menu & serve only those items listed)

**10X10 booth space: # of spaces\_\_ @ \$35 \* = \_\_\_\_\_**

**10X10 Food Booth Space: # of spaces \_\_ @ \$40\* = \_\_\_\_\_**

**Power: # of 110 outlets\_\_ @ \$5 = \_\_\_\_\_**

**Total Enclosed = \$ \_\_\_\_\_**

**\*No charge for registered non-profit organizations**

**Please sign below:**

I, the undersigned, and any other individuals helping in my booth/concession, hereby agree to hold harmless the CITY OF BLAINE, BLAINE CHAMBER OF COMMERCE, THE PORT OF BELLINGHAM, their agents, or any other person, place or thing, fictitious or real, against any breakage, damage to goods, the weather, acts of GOD, illness, accident, theft, fire or any other claim I may make against any or all of the heretofore mentioned persons, places or things involved when participating in DRAYTON HARBOR MARITIME FESTIVAL. It is agreed that I will collect and pay my own Washington State Sales Tax, if applicable, and I assume all liabilities while marketing my wares. If a food vendor, I will comply with Whatcom County health regulations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Special Requests or Requirements:** \_\_\_\_\_

Please signify if participating both days or one day only: Saturday \_\_\_ Sunday \_\_\_

### **Visa & MasterCard Payments:**

Name \_\_\_\_\_ Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_ CVV # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Signature \_\_\_\_\_