



FAMILY DAYS COMMUNITY EXPO
SATURDAY, SEPTEMBER 30TH
9AM-5PM
SUNDAY, OCTOBER 1ST
10AM-4PM

FOOD ENTRIES

THIS FORM MUST BE COMPLETELY FILLED OUT AND PAYMENT RECEIVED BEFORE A SPACE IS APPROVED AND ASSIGNED. PLEASE CHECK THE APPROPRIATE BOX(S). SPACE SIZE IS APPROXIMATELY 10X10.

PLEASE CHECK APPROPRIATE BOX

MOBILE VENDOR: \$300.00 _____

RESTAURANT: \$300.00 _____

NON PROFIT: \$225.00 _____

WE WOULD RATHER IF ALL FOOD VENDORS ARE SELF CONTAINED. ELECTRICITY IS LIMITED. IF YOU ABSOLUTELY NEED ELECTRIC, YOU WILL BE CHARGED \$100 FOR 1, 110 OUTLET. SPACES ARE 10X10 ONLY.

ALL FOOD VENDORS MUST SEND IN PROOF OF INSURANCE, ALONG WITH A COPY OF YOUR DBPR OR DEPT OF AGRICULTURE LICENSE.

VENDOR PACKETS WILL BE MAILED OUT APPROXIMATELY 10 DAYS PRIOR TO EVENT. (UNLOAD PASS, SPACE # AND SET UP TIMES)

PLEASE LIST MENU ITEMS

In an effort to help all of our food vendors be successful at our events, we limit the number of like items available. Please list your full menu, and if there is a conflict, we will contact you. Please do not add any items without contacting us first. Thank you for your cooperation.

PORT ORANGE FAMILY DAYS IS NOT RESPONSIBLE FOR LOST OR STOLEN MERCHANDISE DURING THE EVENT OR OVERNIGHT. WE HIRE SECURITY FOR BOTH FRIDAY AND SATURDAY OVERNIGHTS. LEAVE ITEMS AT YOUR OWN RISK.

CONTACT INFORMATION

ORGANIZATION

NAME: _____

ADDRESS _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **CONTACT:** _____

BUS. PHONE: _____ **CELL PHONE** _____

EMAIL: _____

PAYMENT INFORMATION

CHECK _____ **CASH** _____ **CREDIT** _____ **TOTAL PAID \$** _____

VISA/MC # _____ **EXP. DATE** _____

NAME ON CARD _____ **VER. CODE** _____

BILLING ADDRESS FOR CARD: _____

CITY: _____ **STATE:** _____

ZIP: _____

RISK ACKNOWLEDGEMENT AND HOLD HARMLESS AGREEMENT

SIGNATURE REQUIRED FOR ALL VENDORS

In consideration of my being permitted to participate and to the fullest extent permitted by law, I hereby release, forever discharge, indemnify, and hold harmless the Port Orange Family Days Community Trust, its officers, directors, employees, agents, volunteers and assigns, its sponsors and the City of Port Orange, for all manor of actions, suits, sums of money, damage, claims, and demands from any injury arising out of or incident to myself or my organization at Port Orange Family Days.

Vendor Signature _____ **Date** _____

Port Orange Family Days is not responsible for lost or stolen merchandise during the event, or overnight. We have security overnight, both Friday and Saturday. Leave your items at your own risk.

**PORT ORANGE FAMILY DAYS
P.O. BOX 290610
PORT ORANGE, FL. 32129
PHONE: 386-506-5935
FAX: 386-322-5148
info@familydays.com**

**You may drop application off at The Chamber of Commerce
3431 Ridgewood Ave. Port Orange, Fl. 32129**