



**2019 Vendor Application**  
 August 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 2019  
 Friday 5:00pm -8:00pm  
 Saturday 10:00am – 8:00pm Sunday 10:00am – 4:00pm

**Youth Booth**

Date Rcvd	Category	Booth #

**\*\* PLEASE PRINT CLEARLY \*\***

Business Name	Parent/Guardian Cell/Home Phone
Youth Contact	Parent/Guardian Name
Mailing Address	Email Address
City, State, Zip	Website

**Youth Booth 17yrs. & Younger (10'x10) (Please mark 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> Choice of Time Slots)**

Day	Time Slot	Fee	Amount
Friday Aug. 9 <sup>th</sup>	5:00pm-8:00pm	\$15.00	
Saturday Aug. 10 <sup>th</sup>	10:00am-12:30pm	\$15.00	
Saturday Aug. 10 <sup>th</sup>	12:30pm-3:00pm	\$15.00	
Saturday Aug. 10 <sup>th</sup>	3:00pm-5:30pm	\$15.00	
Saturday Aug. 10 <sup>th</sup>	5:30pm-8:00pm	\$15.00	
Sunday Aug. 11 <sup>th</sup>	10:00am-1:00pm	\$15.00	
Sunday Aug. 11 <sup>th</sup>	1:00pm-4:00pm	\$15.00	

**All products must be hand crafted by the youth vendor.**

<i>Checks or money orders payable to: North Bend Educational &amp; Cultural Association or NBECA</i>	<b>TOTAL</b>	<b>\$</b>
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**Please describe your product:**

Event participation is at your own risk. Your signature indemnifies the Festival at Mt. Si Committee, the City of North Bend, Si View Metropolitan Park District, the Festival at Mt. Si, their employees, officers, sponsors and agents and saves them harmless from all claims, actions, damages, liability and expense in connection with any loss of life, business, injury of any nature, and/or damages to property. There are no refunds, partial or otherwise given for any of these reasons. All youth vendors under the age of 14 must have a parent or guardian present at the festival during their time slot.

The Festival at Mt. Si Committee reserves the right to remove ANY vendor from the event, without refund, for misrepresentation of products, inappropriate conduct, or failure to comply with the vendor guidelines and regulations as set forth by the Festival. Festival reserves the right to accept or deny any application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FESTIVAL AT MT SI**  
 P.O. Box 1170, North Bend, WA 98045  
 www.festivalatmtsi.org