

Vendor or Crafter Registration Form

Sunday, October 2, 2022 | Brooklyn Fairgrounds | 11:00 a.m. - 3:00 p.m.

Vendor or Crafter Fee: \$30.00 + Donation for Raffle (\$25.00 Value)

Registration Deadline: Friday, September 23, 2022

Space is limited, and subject to availability. Don't delay, reserve your space today!

Business Name: _____ Contact: _____

Address: _____

Email: _____ Phone: _____

Type of service/merchandise offered: _____

Event Information

- Set up begins at 9:00 am, and must be completed by 10:30 am.
- No tear downs before end of event.
- We encourage you to bring business cards, brochures, and handouts for your business.
- 2 entrance wristbands will be provided per 10x10 space for vendors/crafters.
- 10x10 space provided - we do not provide tents, tables or chairs, please bring your own.
- We will supply access to electricity for your space, bring your own extension cord.
- Please maintain your space in an orderly and clean manner during the event.
Space should be cleared promptly at the end of the event.
Garbage can be discarded at the fairgrounds in designated receptacles.
- Certificate of Insurance may be required. A member of our Foundation staff will follow up if we have not received the necessary paperwork.



Waiver and Consent

As a vendor/crafter of Canines for Cancer Care, I, for myself, my executor, administrators, heirs, devisees and assigns do hereby discharge the Day Kimball Healthcare, the event site, their management, their officers, board members, employees, members, sponsors, volunteers, organizers or their representatives, or their successors and all cooperating businesses and organizations from all claims of damages, demands, actions and causes whatsoever in any matter arising from or growing out of my participation or that of my dog/dogs in the event.

I understand that vehicle traffic will be present at the event and I assume any and all responsibility including but not limited to falls, illness, contact with other dogs, spectators, weather or surface conditions on the path. I agree to abide by the rules of the event.

I understand that I am responsible for all goods that are for sale from my space. I agree that organizers do not bear any responsibility for injury, loss or damage to goods, displays, equipment or persons.

I understand and give permission for the DKH Foundation, their agents, staff, and others working or volunteering for it the free use of my name, picture, audio, or video recordings and that of my minor family members and pet in any broadcast, telecast, print or promotional purpose. I waive any right I may have to inspect and approve the final reproductions or any copy that may be used in connection with the event.

By signing this document I agree to all terms and conditions of the above waiver.

Printed Name: _____

Signature: _____

Date: _____

Payment Information

Make Checks Payable To: DKH Foundation/NECT Cancer Fund

Mail Completed Form and Payment To:

DKH Foundation Office | P.O. Box 632 | Putnam, CT 06260

Pay by credit card online at www.daykimball.org/canines or
contact the DKH Foundation at (860) 928-7141.

