City of Newcastle 12835 Newcastle Way, Suite 200 Newcastle, WA 98056



Contact: Debbie Polsin Email: events@newcastlewa.gov

Phone: 425-649-4444

Thank you for your interest in hosting a vendor booth at Newcastle Days on Sat., September 9th. Please return completed form by July 28, 2023. Register by June 30 for early-bird pricing! Submission does not guarantee acceptance. Applicants notified no later than August 4 with payment due August 18.

Contact Informa	ition:			
Business Name:				
Contact Name:				
Email Address:				
Phone:				
Mailing Address:				
Booth Informati	on: Describe booth activ	ities/offerings. Links to website/soci	al media or attached photos welcom	16.
Booth Fee: Selec	t applicable fee from tab	le below. Nonprofits may be asked to 2023 Newcastle Days Vendor Fe	o provide appropriate documentatio	n.
		Registration before June 30	Registration July 1 – July 28	
_	Business/General	\$100	\$150	
-	Handcraft	\$75	\$100	
-	501(c)(3) Nonprofit	\$25	\$35	
Electric	city is very limited, available	e at an extra charge. Please indicate you	Vendors must provide their own canopier need when you submit your applicatio	n.
			vents. If you are interested in offering y <u>x.biz</u> or go to <u>www.culinex.biz</u> for more	=
VENDOR AGREEME	NT			
damages for personal This release is intende in any way with my/ou its officers, employee indemnify and hold th may incur as the result	injury, death, or property damed to discharge in advance the cur participating in said activity, as, and agents. It is further ague City of Newcastle, its officer	nage which I/we may have or which hereafte City of Newcastle, its officers, employees, an even though that liability may arise out of ne reed that this waiver, release, and assumpt s, employees, and agents free and harmless operty damage that I/we may sustain while p	e hereby waive, release, and discharge any a or may occur to me, as a result of participatin d agents from any and all liability arising out egligence or carelessness on the part of the Ci tion of risk is to be binding on my/our heir from any loss, liability, damage, cost, or exp participating in said activity. I/we acknowled	ng in this activity. cof or connected ity of Newcastle, s. I/we agree to bense which they
Note: This form is a	public record, subject to dis	sclosure pursuant to Chapter 42.56 RCW	' .	
Applicant Signa	ature:			
Printed Name:			Date	