



2020 Vendor Registration Form

PAYMENT _____

SPACE NO. _____

REGISTRATION INFORMATION

[Please print]

Company Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____

E-mail Address: _____

Booth Theme (Country Represented): _____

REGISTRATION FEE (NON-REFUNDABLE)

[Please check vendor type]

✓	Early Bird [by Dec. 31]	Regular [after Dec. 31]	Total
Food/Beverage	\$75.00	\$100.00	
Merchandise/Services	\$75.00	\$100.00	
Information	\$0.00	\$0.00	
TOTAL PAYMENT			\$ _____

METHOD OF PAYMENT

[Please select payment]

 Cash Check [payable to City of Hopkinsville] is enclosed

Check #: _____

 Credit Card: Visa MasterCard

Card #: _____

Expiration Date: _____ Code: _____

Cardholder Name: _____

Card Holder Signature: _____

Number of 10'x10' spaces

ADDITIONAL INFORMATION

- Electricity Required? YES NO
- Water Source Required? YES NO
- Wi-Fi Required? YES NO
- Payment Receipt Requested? YES NO

- Food Vendors attach a copy of menu items and pricing along with registration form.
- Food Vendors must be in compliance with all Christian County Health Department requirements.
- Please return completed, signed form and payment by March 18, 2020 to: City of Hopkinsville, memo: International Festival, 2600 Thomas Street, Hopkinsville, Kentucky 42240 or fax at [270] 632-2065. Questions? Contact Toby Hudson at [270] 887-4291 or thudson@hopkinsvilleky.us

DISCLAIMER

The City of Hopkinsville, Division of Parks and Recreation reserves the right to close registration prior to March 18, 2020, if required number of vendor spaces are filled prior to the above deadline.

WAIVER AND RELEASE

The undersigned agrees to defend and hold harmless the City of Hopkinsville and all other festival sponsors and agents from all injury, loss, costs, claims, or damages to any person or property arising from, related to, or in any way connected with participation in the Hopkinsville International Festival. I grant permission for you to publish any and all photos taken during these activities. Event organizers are granted permission to have medical personnel treat me, if needed, during my participation in the event.

Printed Name: _____ Date: _____

Signature: _____ Date: _____