Activity Provider Registration and Contract – June 18, 2022

BUSINESS NAME (AS WILL APPEAR IN EVENT PROGRAM AND ON SIGNAGE)

CONTACT NAME E-MAIL ADDRESS (We communicate via e-mail)

ADDRESS CITY STATE ZIP

PHONE WEBSITE

What is the planned activity within your booth? _____

_____

Activity Provider		Item Amount
Children's Activity Provider	Develop a unique hands-on activity for children ages 2-12 and be a part of our exciting Kids' "Experience Zone." Name in event guide, ability to interact with over 1,500 children, parents, and grandparents. *Product sales are prohibited.*	$ 100

General Release & Terms

General Terms and Conditions: By signing this agreement Vendor agrees to indemnify Appleton-Fox Cities Kiwanis, any supporters of the Butterfly Festival and their officers, employees, agents representatives and volunteers and any organization involved with the production of the Butterfly Festival and will hold each of them harmless from any and all actions, damages, and claims to persons or property, penalties, obligations, liabilities or attorney's fees that mat be asserted or claims by any person, firm, entity, corporation, political subdivision or other organization arising out of any negligent or intentional tortuous acts, errors or omissions of vendor, its agents employees, subcontractors, or invitees provided herein and arising out of the performance of this agreement.

Payment Terms: Payment due when contact is turned in to reserve booth space.

Acceptance: Appleton-Fox Cities Kiwanis reserves the right to alter or reject any application, which is not in keeping with the Butterfly Festivals theme and standards.

I agree to the above terms and price

_____

Signature of Authorized Representative Date

_____

Signature of Butterfly Festival Co-Chair Date

Please make checks payable to: Appleton-Fox Cities Kiwanis

For questions or more information, please contact one of the event co-chairs:

Sarah Wylie, Co-Chair
920.279.0751
sarahmwylie27@gmail.com

Vickie Rhiner, Co-Chair
920.540.7822
rhinerv@gmail.com

Office use only
Rec'd by _____
Pd Check # _____
Amt $_____Date _____

Rev. 3/24/21