



Activity Provider Registration and Contract – June 18, 2022 9am – Noon, City Park, Appleton WI

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? _____

Description		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. <i>Product sales are prohibited.</i>	\$ 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 may be asserted or claims by any person, firm, entity, corporation, political subdivision or other organization arising out of any negligent or intentional tortious 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

Please make checks payable to: Appleton-Fox Cities Kiwanis

Mail to: P.O. Box 62, Appleton WI 54912

For questions or more information, please contact:

Linda Breitzman
920-716-4209
lsbmop@aol.com

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