



# Activity Provider Registration (**Non-Profit**)

June 20, 2026  
 9:00am - Noon,  
 City Park, Appleton, WI

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

CONTACT NAME \_\_\_\_\_ E-MAIL ADDRESS (We communicate via email) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ WEBSITE \_\_\_\_\_

What is the planned activity within your booth? \_\_\_\_\_

NUMBER OF 8FT TABLES NEEDED \_\_\_\_\_ NUMBER OF CHAIRS NEEDED \_\_\_\_\_

| Description                         |   | Item Amount                       |
|-------------------------------------|---|-----------------------------------|
| <b>Children's Activity Provider</b> | Develop a unique hands-on activity for children ages 2-12 and be a part of our exciting Kids' "Experience Zone." Name on event website, ability to interact with over 2,000 children, parents, and grandparents. <i>Product sales are prohibited.</i> | \$ 100 fee WAIVED for Non-Profits |

### 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:

**Debbie Hoogesteger**  
**715-459-5709**  
**foxcitiesbutterflyfestival@gmail.com**

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