



Westside Celebration Society
 22-2475 Dobbin Road Suite #555
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Westside Daze Market Vendor Application

July 7th, 8th & 9th

Memorial Park - 3743 Old Okanagan Hwy West Kelowna

Contact name _____ Business _____
 Address _____
 City _____ Postal Code _____
 Phone _____ Email _____
 Type of Exhibit _____
 Description _____

The space is a 10x15 area. Please supply your own tables, chairs and canopy. Be advised we are unable to supply water or power and *space is limited*. Please insert 'yes' on the days you wish to attend:

Saturday, Sunday _____ Sunday Only _____

Early Bird Rate (before June 15th) - \$40 per space (both days), \$25 per space (Sunday Only)

_____ spaces, _____ days = \$_____

Standard Daily Rate (after June 15th) - \$50 per space (both days), \$35 per space (Sunday Only)

_____ spaces, _____ days = \$_____

PAYMENT MUST BE RECEIVED 7 DAYS PRIOR TO THE EVENT!

Make cheques payable to: **Westside Celebration Society**. We reserve the right to refuse application or admittance to anyone, for any reason. Interior Health Regulations will be enforced. **Commercial Businesses require a City of West Kelowna Business License.**

Set up is prior to 9:00 AM on Saturday and Sunday. You may drive onto the field to set up but vehicles must be parked in designated parking areas. Please contact us if you require more set up time. For teardown, you may not move vehicles until after the event to ensure the safety of visitors and to abide by insurance requirements.

If accepted, I agree to abide by the conditions, which have been provided with this application and acknowledge that in the event of dispute, ruling of the show manager will prevail. In consideration for my participation in this showcase, I hereby agree to hold free from any and all liability the Society and its respective officers, and members and waive, release and forever discharge any and all rights and claims for damages which may or which may hereafter accrue to me arising out of or connected with my activities with the Westside Celebration Society.

Authorized Signature _____ Date _____

Mail or Email is accepted. See contact information above.