



Vendor/Organization Name \_\_\_\_\_

Contact Person's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

(Confirmation will be e-mailed after approval of your application.)

What size of booth space will you need? (Please mark one)

10' X 10' @ \$300.00 \_\_\_\_\_ 10' X 20' @ \$425.00 \_\_\_\_\_ 20' X 20' @ \$600.00 \_\_\_\_\_ Trailer @ \$650.00 \_\_\_\_\_

Description of items for sale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment must be made by June 1<sup>st</sup>, 2019;** unless other arrangements have been made.

Caldwell Night Rodeo reserves the right to deny sale or distribution of any offensive materials or products found to be in possession of or available by vendors. Vender selection is at the discretion of committee members. **NO ELECTRICITY WILL BE PROVIDED/MUST BE SELF-CONTAINED.** Overnight security will be provided. **Proof of Liability Insurance needs to be emailed to [caldwellnightrodeo@yahoo.com](mailto:caldwellnightrodeo@yahoo.com) by July 1st.** For any questions regarding your materials, please call Tom Doan at (208) 250-2110 or the rodeo office at (208) 459-2060.

**All fees will become forfeited in the event a vendor is asked to leave.** Costs associated with the removal of a vendor, said vendor products, vehicles or any property and persons in relation to said vendor, will not be the responsibility of Caldwell Night Rodeo, it's Committee Members or Staff. In the event of an accident or any unforeseen injuries to persons or property, liability and any costs incurred towards the rectification of incident will be said vendors sole responsibility. In consideration of acceptance of this registration, I for myself, children, guardianship and anyone entitled to act on behalf of anyone registered in the above-mentioned activity, agree to waive any claim against Caldwell Night Rodeo, Directors, Committee members, Employees, or the City of Caldwell. My signature acknowledges that I understand the possible risks involved with participating in this activity and that I accept these risks as well as doing everything in my power to prevent or avoid injury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email back to: [caldwellnightrodeo@yahoo.com](mailto:caldwellnightrodeo@yahoo.com) or mail to PO Box 98 Caldwell, ID 83606.