

# WOMEN'S WELLNESS WEEKEND 2018

## Vendor Registration Form

YMCA TROUT LODGE & CAMP LAKEWOOD

Potosi, MO

April 13-15, 2018

**Business Name:** \_\_\_\_\_

**Contact's Name:** \_\_\_\_\_

### VENDOR AGREES TO:

1. **Pay by CHECK or CREDIT CARD:** the sum specified below for the type of the package you choose.

- a. Make CHECK payable to "YMCA Trout Lodge."
- b. Mail Completed and signed contract and payment to:

**YMCA Trout Lodge  
Attn: Ashley Lanier  
13528 State Highway AA  
Potosi, Missouri 63664**

Receipt of payment and signed contract is required to reserve space.

#### **No refunds under any circumstances.**

2. Refrain from the possession, display, sale or distribution of the following: animals, firearms of any kind, weapons of any kind, literature that would be considered profane, pornographic in nature or promoting political beliefs.
  - a. Weapons are defined as anything that may be considered a weapon including but not limited to operational, non-operational, antique, material make-up –plastic or metal, knives, cutlery, guns, swords, explosives, etc.
3. No food or drink, except sample sizes (2 oz. or less). Wrapped candies and such are fine. You need to get a permit from the Washington County Health department to give out unwrapped foods.
4. If using audio equipment please keep at a respectable volume.
5. Will need a Tax ID number if you will be selling anything out of the booth.
  - a. Vendor is responsible for collecting any appropriate sales tax and remitting said taxes to the authority.
6. Check-in and setup 1:00 pm to 4:00 pm on Friday
7. Remain open for business from 4:00 p.m. – 7:00 p.m. Friday, 9:00 a.m. – 7:00 p.m. Saturday and 9:00 a.m. – 12:00 p.m. on Sunday.
8. Cleanup is on Sunday after 12:00 p.m.
9. Complete and sign any additional materials accompanying the contract.

### YMCA TROUT LODGE WOMEN'S WELLNESS COMMITTEE AGREES TO:

1. Provide publicity for Women's Wellness Weekend.
2. Provide space assigned by the Women's Wellness Committee.
3. Provide access to dumpsters to facilitate clean up of the assigned areas.
4. Advertise the vendor area throughout the Women's Wellness Program.

Vendor agrees that neither YMCA Trout Lodge & Camp Lakewood nor any of the sponsoring or affiliated agencies of the Women's Wellness Committee shall be responsible for any injury or loss to Vendor or Vendor's employees or agencies whether such injury or loss results from accident, fire, theft, or any cause. Vendor agrees to hold the YMCA Trout Lodge & Camp Lakewood harmless from any loss or damage resulting from any act of Vendor. Vendor agrees that neither the YMCA Trout Lodge & Camp Lakewood, nor any of the sponsoring or affiliated agencies of the Women's Wellness Committee shall be held liable for any loss of revenue incurred by Vendor's participation in Women's Wellness.

Spaces will be assigned on a first-come, first-served basis.

YMCA Trout Lodge & Camp Lakewood, Women's Wellness Committee, at its sole discretion, reserves the right to refuse any vendor. **Please sign contract materials where indicated (below) and return them with payment in the form of CHECK or CREDIT CARD, to the address above.**

# Women's Wellness Weekend 2018 Vendor Registration

YMCA TROUT LODGE & CAMP LAKEWOOD

Potosi, MO

April 13-15, 2018

Item	Description	Price	# Requested	Total Amount
Booth: <i>Cost covers two people, additional must pay for meals.</i>	8' W x 8' D Comes with a table and cloth <i>Includes lunch on Sat. &amp; Sun.</i>	\$30.00		
Extra Table	Comes with table cloth	\$5 per table		
Electricity	Comes with extension cord and surge protector	NO CHARGE		
Accommodations	Buffet Style-meals included	\$60/Night/Person		
<b>Total Amount Enclosed:</b>				\$

Items You Will Sell: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

Tax Id Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Credit Card Name: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID Number: \_\_\_\_\_

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Women's Wellness Representative Signature

<b>For Office Use Only</b>
Date Received _____ Initials _____