



Mutt March 2019 For-Profit Vendor Application

Thank you for participating in Mutt March 2019!
Please mail completed vendor form to:

Jacksonville Humane Society

Events Location: 8464 Beach Blvd. Jacksonville, FL 32216

Phone: 904-493-4565 * Fax: 904-725-3040 * kgilson@jaxhumane.org

Application, waiver of liability and payment must be received by: **Wednesday, February 13, 2019**

Organization Name: _____

Contact Person: _____

Number of Animals Attending: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____



Refundable Deposit:

A \$50 security deposit is required to reserve vendor space. The security deposit will be applied toward your booth rental fee. Total payment is due by **February 13, 2019**.



Booth Pricing:

___ 10 x 10 Booth: \$125

___ 10 x 20 Booth: \$150

Additional Rentals (Optional):

Includes set up and break down of all items rented. Payment for all rental items must be received no later than **Feb. 13, 2019**.



___ Plain Blue Tent: \$35

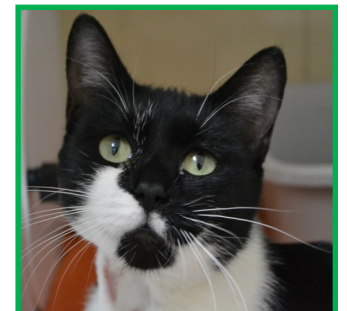
___ 8-ft Table: \$12

___ Chairs: \$3/each

___ White Table-Cloth & Floor-Length Skirt: \$18

___ Electricity Hook-Up: \$50

Total For Additional Rentals: \$_____



Required portions of application & waiver continue on next page.



Mutt March 2019 For-Profit Vendor Application Continued...

Please list all products and/or services you wish to exhibit. Only items listed will be allowed in your exhibit. Attach extra sheet if needed.

Special Needs or Requests:

I would like to donate to the Silent Auction. Please send me additional info.

Payment Information:

\$50 security deposit required with submitted application

Total payment for booth and additional rentals is due no later than **Feb. 13, 2019**.

Amount Enclosed: \$ _____

Check Credit Card Circle One: Visa Mastercard Discover AmEx

Name on card: _____

Card #: _____ Security Code: _____

Expiration Date: _____ Billing Zip Code: _____

Waiver of Liability

In consideration of my accepting this entry agreement, I hereby for my heirs, administrators, and myself assume any and all risks, which might be associated with the JHS Mutt March. I waive and release any and all right and claims for damages which I may have against the organizers or others including sponsors, their representatives, successors or assigns for an and all injuries and damages of any kind whatsoever suffered by me as a result of me taking part in the Mutt March or any related activities. Additionally, I hereby agree to all stipulations set forth in the "Vendor Terms" as set forth by JHS.

Organization: _____ Date: _____

Authorized Representative Name and Title (Please Print):

Authorized Representative Signature:

Questions? Please contact Theresa Scordo: 904.493.4606 or tscordo@jaxhumane.org