



2261 Market St., PMB 225
 San Francisco, CA 94114
 415.820.1403
 info@stompede.com
 www.stompede.com

VENDOR APPLICATION
 Application Deadline: September 15, 2010

Business Name: _____ Contact Person: _____

Mailing Address: Street _____

City _____ State: _____ ZIP Code: _____

Telephone: _____ - _____ - _____ E-mail: _____

California State Resale Number: _____

Please describe items to be sold or displayed in your booth:

Items to be sold, distributed, or displayed are subject to approval by the Sundance Stompede Vendor Coordinator. Absolutely no food, beverages, firearms, or tobacco may be sold.

Please indicate your desired amount of space:

Primary booth (8' x 8' space, w/ 2 tables and 2 chairs) @ \$100 = \$ _____

Additional booths @ \$ 75 each # _____ @ \$75 = \$ _____

Nonprofit table (includes one table and two chairs) @ \$50 = \$ _____

Total Amount Due = \$ _____

Special requests:

Please make your check or money order payable to **The Sundance Association** and attach a copy of your California Resale License and/or Non-Profit Status (if applicable) to this application.

Return the completed contract, application and payment on or before September 15, 2010 to:

The Sundance Stompede
2261 Market St., PMB 225
San Francisco, CA 94114

STATEMENT OF POLICY

The Sundance Association operating as the producer of the Sundance Stompede 2010 accepts no liability in the loss or damage to any merchandise, fixtures, literature and/or personal property belonging to any and all vendors. Vendors must carry all appropriate liability insurance for all their activities, and obtain all necessary licenses. The Sundance Association reserves the unilateral right to deny an application for any reason, including "same kind" vendors. The vendor staff of the Sundance Stompede 2010 will attempt to be fair in assigning vendor spaces. Vendors who carry like merchandise may be contacted to resolve any potential conflict. The vendor coordinator retains the right to assign spaces as needed for fair and equitable trade.

I have read and understand this contract and application and agree to comply with all rules contained within. I also understand the time, space and features of the vendor areas as described in the Vendor Information sheet.

Signed: _____ Date: _____

Print Name: _____ Title: _____

Business or Organization: _____

For questions, contact Dave Hayes at 415-738-4929 or dave@stompede.com,
 or Ingu Yun at 415-285-2373 or ingu@stompede.com