



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

**VENDOR APPLICATION**  
 Application Deadline: September 15, 2009

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, 2009 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 2009 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 2009 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