

Lafayette Art & Wine Festival
SEPTEMBER 16th and 17th
Non-Profit APPLICATION

BUSINESS/ORGANIZATION: _____

Contact Person: _____ EMAIL ADDRESS: _____

Address: _____ City: _____ State: _____ ZIP CODE: _____

Phone # (Day): _____ Cell Phone #: _____

Must have a **Non-Profit 501-c 3 or 501-c 6** Tax I.D. Number: _____

Copy Submitted: _____

Due to overwhelming demand, **Non Profit organizations who belong to the Lafayette Chamber of Commerce will be given right of first refusal for the available spaces.**

No Electricity is available. _____ Initial that you acknowledge

Each non-profit organization must commit to **8-10 volunteer hours** during the festival week. We have opportunities in the volunteer check-in center, delivering ice, setting up Friday night, cleaning up on Sunday night from 6-8pm, etc ... we will confirm your times and obligations when processing your contract. First come, first serve on availabilities.

_____ Initial that you acknowledge

I understand the **Lafayette Chamber of Commerce** and the **City of Lafayette** are not responsible for: lost, stolen, damaged equipment or merchandise; accident or injury to me or to my staff; and hold harmless either of the above organizations for any and all liability.

_____ Initial that you acknowledge

I understand there will be no refunds of fees. Your booth and surrounding area **MUST** be left clean. All loaned equipment is to be returned **FREE OF DAMAGE**. Each vendor is responsible for removing all garbage and clearing their area.

_____ Initial that you acknowledge

EXHIBITOR SIGNATURE _____ DATE _____

_____ Booth Fee (**\$200 Chamber Member / \$450 Non-Chamber Member**)

_____ Non-Profit Chamber Membership (**\$160**)

Visa/MasterCard: _____ Exp Date: _____

Signature: _____

Total Amount Enclosed or to be Charged: [_____] **This event is held rain or shine! NO refunds.**

Please mail to:
Sara Regan, Lafayette Chamber of Commerce, 100 Lafayette Circle # 103, Lafayette CA 94549
Or you may email it to: Sara@lafayettechamber.org