

Lafayette Art & Wine Festival
SEPTEMBER 15th and 16th
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.

___ Scheduled with Chamber

___ 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 / \$400 Non-Chamber Member**)

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, 251 Lafayette Circle # 150, Lafayette CA 94549

Or you may email it to: Sara@lafayettechamber.org