



Cold Springs Family Center Bazaars Vendor Registration

Holiday Bazaar: Saturday Nov. 20th (10am-2pm)
Lights of the Valley: Saturday Dec. 11th (2pm-6pm)

General Information:

- You may register for a single event or both events.
- We welcome a variety of vendor products and try to avoid “duplicating”; however, the CSFC itself does not have a no-competition clause.
- It is your responsibility to know the required permits/licenses for the types of products you are selling. Any food items must be cleared through the Washoe County Health Dept. If a permit or license is required, you must include a copy of your current license/permit with your registration.
- You are responsible for your own sales tax and the reporting thereof to the state.
- COVID: We will follow the state and county regulations, which at this time, requires masks to be worn at all times inside. Vendors must wear masks and assist CSFC staff by notifying customers to wear masks as well. Requirements may change pending updated mandates.
- Please promote this event through your social media/contacts to make this a successful event for all.

Vendor Space:

- All vendor space is inside. Please speak to the CSFC staff if you wish to be outside.
- Vendor Space is 5’x 10’
- You must stay within your designated area. If you go over, you may be asked to purchase another space or remove items to fit in your designated area.

Cost/Registration:

- Per event, per space: \$30 OR Combo*: Register for both events for \$50
- Add-On Options (per space): Electricity \$5; 1-6ft Table + 2 chairs \$10 (limited availability).
- Payment must be received at time of registration to reserve your spot.
- Cancellations must be received 2 weeks in advance, in writing. Refunds are subject to a \$5 processing fee. No refunds are granted after the cancellation deadline and are NOT granted for non-attendance.
- Register directly with the Cold Springs Family Center for both events. Cash/Check/CC are all welcome.

Set-Up/Take Down:

- Set up begins 2 hours prior to each event start time (HB: 8am; LOV: 12pm)
- You must be set up and ready 15 minutes prior to start times (including your vehicle moved away from the loading area).
- Please plan to stay the entire time; do not pack up your items until close of the event. You must then be packed up and out of the building within 1 hour of close of event.
- You will need to provide your own table, chairs and items for display.

*(For Combo rate-must pay at time of registration; cancellation of any event is subject to cancellation policy and remaining event will be billed at normal rate).



Vendor Registration Form
REGISTRATION DEADLINE: Ten (10) days prior to event or until full

Company/Business Name
 (if applicable): _____

Contact Name (Last): _____ First Name: _____

Address: _____

Phone #: _____ Email: _____

Please indicate the type of merchandise
 you will be selling: _____

Is a Cottage license or other Health Dept. license required to sell your product: ___ YES* ___ NO
 If yes, please attach or email a copy to the Family Center (coldspringsfamilycenter@gmail.com)

Please check below for the events you are attending; Payment is due at registration.

# of Spaces	Event	Date	Time	Electricity (\$5) per space	1 Table + 2 chairs (\$10)
	Holiday Bazaar	Nov. 20th	10am-2pm		
	Lights of the Valley (LOV)	Dec. 11 th	2pm-6pm		

Please initial the following:

	Payment is due at time of registration to guarantee my spot.
	Refunds are granted only with a 2 week notice prior to event date minus a \$5 service fee. All requests must be received in writing. I understand that refunds will not be granted for non-attendance.
	I understand the event(s) will take place regardless of weather conditions. There are no options for outdoor space to be inside should there be inclement weather. Refund is only granted should the event be cancelled.
	I will donate a raffle prize the day of the event. Raffle sales help support the Cold Springs Family Center, a non-profit organization.

DISCLAIMER: I accept any and all responsibility for and assume the risk of any and all injury or damage to my person and my family members which might arise directly or indirectly as a result of my participation in a Cold Springs Family Center (CSFC) program or event. I hereby expressly release, discharge, and hold harmless from any liability whatsoever the Cold Springs Family Center, and their instructors/staff in their capacities as representatives of the CSFC, whether salaried or volunteered, expressly including, but not limited to, The Board of Directors of the CSFC and the volunteers thereof. I certify that I am familiar with the contents of this release, that I have read and understand the same and that it is my intention by signing this release that the same binding not only upon me, but my heirs, administrators, executors, successors, and assigns.

SIGNATURE OF PARTICIPANT: _____

Date: _____

FOR STAFF USE ONLY:

Staff Initials:		Date:		Paid amount:	CASH	CHECK	C/C
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