



Watch us Grow

413 N. Olympic Avenue, Arlington WA 98223
www.arlingtonwa.org

May Hunt Application Saturday May 15, 2010

Name of Business: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Please give a brief description of your product(s): _____

To ensure a successful event, vendors are REQUIRED to set up and staff their booths for the full day.

\$20.00 _____ 10 X 10 Space

\$40.00 _____ 10 X 20 Space

Payment must be made by check or money order. We are not set up to process credit cards. Please do not send cash. Payment should be made to Downtown Arlington Business Association and sent along with the signed HOLD HARMLESS AGREEMENT to

DABA
C/O Debbie Whitis
4430 259th St NE
Arlington, WA 98223

HOLD HARMLESS AGREEMENT

I understand and agree that the Downtown Arlington Business Association, Arlington-Smokey Point Chamber of Commerce, The City of Arlington and any sponsors of the May Hunt, in accepting this application, are not employing or in any manner assuming responsibility, and any and all claims, actions, suits, damages, costs or expenses from both injury and property damages, including all attorney's fees, which may arise out of or occur as the result in the participation of the aforementioned activities. Further, I agree to operate the booth in a safe and tasteful manner, to comply with all state and local laws, and to obtain any and all permits necessary from the same.

BY: _____
Authorized Signature

Date

I have read the Vendor Guidelines and agree to abide by them

BY: _____
Authorized Signature

Date