Celebrate LIFE 5K WALK

VENDOR SIGN-UP FORM

Please join hundreds of walkers in supporting the Joseph T. Quinlan Bereavement Center which provides grief support and counseling services to those who are suffering the loss of a loved one.

Proceeds to benefit:

Joseph T. Quinlan Bereavement Center

When: Sat., September 29
Vendor Set-up: 7:00 a.m.
Set-up Must be complete by 8:30 a.m.

Where: NJ State Fairgrounds, Augusta, NJ

___Community Organization ___ Artisan Vendor ___Retail Vendor

Business Name: _____

Contact Name:_____ Cell Phone:_____

Mail Address:_____

City:_____State: _____Zip Code: _____

Business Phone: _____ Email address: _____

Total Fee: $25.00 per table. Payable to Karen Ann Quinlan Hospice. Please return completed form to: Karen Ann Quinlan Hospice – Celebrate Life 5K, 99 Sparta Avenue, Newton, NJ 07860 or fax to: 973-383-6889.

I Need: Table_____ Chairs_____ Electricity_____
($5.00 extra for electricity.)

_____ Check enclosed for $25

____Please charge my: ___Visa ___MasterCard ___A/E ___Discover

Credit Card#:_____Exp. Date_____ 3-Digit_____
Name on Card:_____
Description of items selling:

_____
_____
_____
_____

Rules and Regulations:

No Liquor will be served, consumed or sold at this event. There is no smoking in the event area. Karen Ann Quinlan Hospice has the right of refusal. Vendor set-up starts at 7:00am. Vendors should be set-up by 8:30 a.m. Walk will begin at 10:00 a.m. Space is available on a first come first served basis.
By signing this application, I hereby agree that I have read and understand Karen Ann Quinlan Hospice rules and regulations of the 2018 5K Walk as outlined in this form, and agree to abide by the rules and regulations. I certify that I am physically fit and I hereby assume all of the risks of participating in this event. I the Undersigned, do hereby agree not to hold Karen Ann Quinlan Hospice 5K Walk, or the Sussex County Fairgrounds responsible for any claim of any kind, including negligence for any bodily injury, loss or damage arising out of the display of any craft work at the 5K Walk Event to be held on September 29, 2018. I understand that at this event or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders.
I hereby certify that I have read this document and I understand its content.

_____
Applicant's Signature (legally entitled to bind as the vendor) *Date*

For more information or to confirm support, please contact Nicole Hammer at:
nhammer@KarenAnnQuinlanHospice.org
or call 973-383-0115 ext. 131

Karen Ann Quinlan Hospice
Home for Hospice

KarenAnnQuinlanHospice.org/Walk