

Polar Plunge Winter Festival Expo
February 4 & 5, 2011

EXHIBITOR INFORMATION AND CONTRACT

Exhibitor Name _____ Contact person _____

Address _____

Office Telephone _____ Cell _____ Fax _____

Email _____ Website _____

Products/Services to be exhibited _____

Products(s) requested to be sold (requires advance approval) _____

___ 10' x10' booth Friday and Saturday \$275 (non-food vendors) or \$450 (food vendors)
Electricity add \$40.00 Total \$ _____

(Exhibitor must provide all power cords)

PAYMENT IN FULL DUE WITH APPLICATION TOTAL \$ _____

AMT PAID \$ _____

___ Check # ___ (Payable to Special Olympics Virginia)
Mail checks to Special Olympics Virginia (Polar EXPO) 184 Business Park Dr #202 VA BCH, VA 23462

___ Credit Card ___ Visa ___ MC # _____

Name as it appears on Credit Card _____ Exp Date _____

Additional Comments/Requests _____

Conditions of Agreement: Exhibitor assumes full responsibility for delivery, set-up, security and removal of all display materials and personal property. Exhibitor agrees to comply with all applicable event, city, state, and federal health, safety, and security regulations and laws. No smoking, open flames, heaters, or amplified sound permitted. Exhibitor is responsible for collection of all applicable taxes. If exhibitor cancels, contract before January 15, 2011, partial refunds can be made. Exhibitor must be covered by general liability insurance which extends to off-site events. Special Olympics Virginia must be listed as additional insured on exhibitor's general liability policy.

I am the duly authorized representative of the aforementioned company and have read and agree to all terms and conditions noted in this agreement.

Print Name _____ Signature _____ Date _____

Approved by Special Olympics Virginia _____ Date _____

FAX COMPLETED CONTRACT TO 757-962-1573

This exhibitor fee is not considered a charitable deduction per the IRS because there is value exchanged equal to the amount paid. However, your payment will enable Special Olympics Virginia to accomplish its mission.

VENDOR: Anyone who is serving, selling, or providing samples of food, beverage, or merchandise.

SPONSOR: A business or person that provides finances, merchandise and/or services in return for advertisement.

A separate form is required for each vendor and each sponsor.

Permit Applicant Name Debbie Apperson Event Name Polar Plunge Winter Festival

Name of Organization Hosting Event Special Olympics Virginia

Office Phone 757.962.1575 Cellular _____

Fax # 757-962-1573 E-Mail Address dapperson@specialolympcisva.org

VENDOR or SPONSOR (Please circle one)

Business Name _____ VAB Business License # _____

Business Address _____

Point of Contact _____ Business Phone _____

Cellular # _____ Fax # _____

Products will be: Sold Sampled Catered Displayed Given Away

Food*: *Please provide menu* _____

Beverages: *Please check all that apply* Alcoholic Non-alcoholic
type _____

Merchandise: *Please describe in detail*

Propane Tank(s): *Please check all that apply* <Less than 500 gallons >Greater than 500 gallons

Operational and Logistic Information

Electrical Support & Water Source: The City utility/general services staff has absolute and exclusive authority regarding the installation, operation, and removal of all types of electrical support and water sources on city property. To better serve you please provide detailed information regarding your utility needs. **Failure to provide complete data may result in denial of service.** Please refer to the City Utility Sheet for more information.

Electrical Service: Vendor must provide a minimum of 100', 3-wire grounded cord acceptable for exterior use

Equipment	Location	110 volts	220 volts	AMPS	Wattage	Plug Type	Hardwire	Time ready for Tie-in	Time ready for Tie-out

Water Service: (The Health Department requires water for onsite food preparation)- *Check potable or non-potable*

- Vendor must provide a food grade water hose (100' minimum) and nozzle

Equipment	Potable Water (safe for consumption)	Non-Potable (non-consumption related)	Location

Please describe any unusual circumstances, request etc. _____

- Food vendors may be required to have a temporary restaurant permit from the State Health Department. Please ensure you are in compliance by calling **(757) 518-2700**. To comply with tent/structure requirements please contact Permits and Inspections at **(757) 427-4211** and the Fire Department at **(757) 427-4228**. Business License inquiries please contact the Commissioner of Revenue office at **(757) 427-4515**. Contact your event planner for proper waste disposal information.



**Contractor/Vendor
Hold Harmless Agreement**

Polar Plunge Winter Festival

_____ (hereinafter referred to as
“Contractor/Vendor”) shall defend, indemnify and hold Special Olympics Virginia,
its officers, employees, volunteers, and agents, any sponsors, advertisers, owners of
premises on which Polar Plunge Winter Festival takes place, harmless from and
against any and all liability loss, expense, including reasonable attorney’s fees and
claims for injury or damages arising out of the activities, services or products
provided by or through the Contractor/Vendor during the Polar Plunge Winter
Festival but only in proportion to and to the extent such liability, loss, expense,
attorney’s fees and claims for injury or damages are caused by or result from the
negligent or intentional acts or omissions (including product sales or distribution) of
Contractor/Vendor, its officers, agents, or employees.

Contractor/Vendor

Date