/endor Fee: \$25 Check/Cash	_ Event Date:	<u>Sunday, Dec. 8, 2019</u>
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Registration Form for Christmas Parade Vendors

Name of Vendor/Particip	ant:		
Name of Applicant (if diff	erent from above):		
Address:			
E-mail Address:			
Phone (Day):	Phone (Eve):	Cell:	
How to be reached on th	e day of the event:		
	requires electricity: (Circle one)		
nursery, studio, church, o	scribe the products you will sell. Als or business.	-	
	foo with your registration - Regardle		

Please send registration fee with your registration. Regardless of weather, the event will proceed as planned. No requests for refund will be honored.

Hours of Event: 4:00 PM – 7:30 PM. Booths must be setup by 3:30 PM and taken down by 8:00 PM

By signing below, I confirm that I have read, understand and agree to comply with all the DDRA Rules and Regulations. I further confirm that I, my representatives, employees and agents agree to protect and hold the Darlington Firemen Rescue Squad, Darlington Kiwanis Club, and the City and County of Darlington, harmless for any responsibility, personal liability, claims, losses or damages arising out of or in conjunction with my participation in the event. As a vendor/participant, I assume full responsibility for any booth and/or space utilized by me, my employees and/or my agents in the event. This responsibility includes sales tax and business license as required and compliance with DHEC rules.

Signature/date	Please Print Name	Da	ate

Return this application to **Darlington Rescue Squad**, 107 S. Sycamore St., Darlington, SC 29532. Make payment payable to **Darlington Rescue Squad**. **Contact info:** <u>dfrs1956@gmail.com</u> or 843.616.2629