

**THE ANNUAL HISPANIC HERITAGE  
FESTIVAL & HEALTH FAIR  
Saturday October 15, 2016  
Frank Fasi Civic Center Grounds  
10:30 a.m. – 8:00 p.m.**

**CRAFT BOOTH APPLICATION FORM**

ORGANIZATION/BUSINESS NAME: \_\_\_\_\_

TYPE OF CRAFT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

MAILING ADDRESS (STREET, CITY, STATE, ZIP): \_\_\_\_\_

**CRAFT BOOTH - \$300.00**  
- 10X10 SPACE ONLY  
PLEASE USE A WHITE TENT

**Craft Booth Requirements:**

- Copy of Liability Insurance (See Informational Letter)
- Copy of GE License
- Must attend a mandatory meeting (To be announced)
- List of items to be sold
- **Payment Required by September 5, 2016**

**AUTHORIZATION/RELEASE AGREEMENT**

I the undersigned understand the “Annual Hispanic Heritage Festival & Health Fair” guidelines as outlined and agree that I/my organization will abide by them.

The Vendor agrees to indemnify and save harmless the Hawaii Hispanic Heritage Festivals & Events as well as all other organizers of this event against and from any and all claims by or on behalf of any persons, firms or corporations, arising from the conduct or management of, or from any work or thing whatsoever done in or about, the booth area, or arising from any breach or default on the part of the Vendor in performance or any agreement contained herein, or arising from act of negligence of the Vendor, or any of its agents, contractors, employees or licensees, and in case any action or proceeding be brought against the Hawaii Hispanic Heritage Festivals & Events by reason of any claim, the Vendor agrees to resist or defend such action or proceeding by counsel reasonable satisfactory to the Hawaii Hispanic Heritage Festivals & Events.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_