

**THE 29<sup>th</sup> ANNUAL HISPANIC HERITAGE FESTIVAL & HEALTH FAIR**

**Saturday, October 5, 2019**

**Downtown Chinatown**

**Nuuanu Avenue & Pauahi Street**

**10:00 a.m. – 5:00 p.m.**

**HISPANIC HERITAGE FESTIVAL & HEALTH FAIR**  
**BOOTH APPLICATION FORM**

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

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

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

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

**HEALTH AND NON-PROFIT COMMUNITY AGENCIES - \$100.00**

**Application ASAP limited space**

**10X10 SPACE ONLY**

- Tents must be secured with weights only.

**Health and Non-Profit/Community Agency Requirements:**

- Provide Health Services (Government-type services)
- Must attend a mandatory meeting (To be announced)
- Payment Required by August 30, 2019

**Booth is not confirmed until payment is received. Space is available on a first come, first serve basis. You must bring your own table, chairs, table covering and signage.**

**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: \_\_\_\_\_

E-mail Address: \_\_\_\_\_