 **Vendor Registration Form**

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_ Vendor Space $35 non-refundable donation by 02/28/2016

\_\_\_ I cannot participate, but would like to donate $\_\_\_\_\_\_\_\_ to Apollo Support & Rescue

\_\_\_ Please add an additional donation of $\_\_\_\_ to my total for Apollo Support & Rescue

**Total Amount:** $\_\_\_\_\_\_\_\_\_\_\_\_

Payment Information:

\_\_\_\_\_\_ Check (payable to Apollo Support & Rescue)

\_\_\_\_\_\_\_ Cash

\_\_\_\_\_\_\_ PayPal ([asr628@gmail.com](mailto:asr628@gmail.com)) – Please notify me (Lisa Barlag) if using PayPal

\_\_\_\_\_\_ Credit Card: VISA MasterCard

#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_

Security Code: \_\_\_\_\_ Mailing Zip Code: \_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\*Event is rain or shine.**

**If this signed agreement and fees are not received by Sunday, February 28th 2016, your vendor space will be forfeited.**

**This represents an agreement between Apollo Support & Rescue and the above-named Party whereby the above named Party will provide a vendor presence at Paws in the Park 2016 to be held on Saturday, April 2nd, 2016 from 10am – 2pm at Keller Town Center Park. Unless otherwise stated, a 10 x 10 area will be designated and pre-assigned for each vendor. The above-named Party will arrive at Keller Town Center Park on Saturday, April 2 with ample time to set up. Vendor is responsible for their own table, chairs and tent/canopy. Due to safety concerns, all set up must be completed by 9:30 am. Displays cannot be removed before 2 pm, and must be completely disassembled and removed no later than 2:30 pm Saturday, April 2.**

**Disclaimer: In consideration of this application and my participation in this event, I agree that neither I, my heirs, my executors, administrators, nor anyone else claiming a right on my behalf will file a lawsuit, action or administrative proceeding against Apollo Support & Rescue, the Paws in the Park 2016 event, event officials and volunteers, event sponsors, event suppliers, and agents and employees of the foregoing parties, and waive, release, and discharge the foregoing parties and persons from any and all loss, liability, damages, or costs arising out of or related to my participation in this event, including but not limited to all claims arising out of the negligence or carelessness of any of the persons or parties named in this waiver.**

**Authorized Signature – Above-Named Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Signature – Apollo Support & Rescue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send completed Vendor Agreement form along with payment to:**

**Mail:** Apollo Support & Rescue

Attn: Lisa Barlag

8553 N. Beach Street, Box 137

Keller TX 76244

**Fax:**  817-826-1047

**Email:**  lbarlag@corelogic.com

**Pickup:** Lisa Barlag 817-266-2750

**Questions: Please contact Lisa Barlag 817.266.2750**