



**CITY OF WILDOMAR**  
**Community Services**  
 23873 CLINTON KEITH ROAD, SUITE 201  
 WILDOMAR, CA 92595  
 Ph. (951) 677-7751  
 WWW.CITYOFWILDOMAR.ORG

Special Event Vendor Application Form		
C	1 FORM NUMBER	Pages: 2
7/1/2008 EFFECTIVE DATE		4/6/18 REVISION DATE

**Community Health & Fitness Fair**  
**Saturday May 19, 2018 7am-11am**  
**Marna O'Brien Park 20505 Palomar Street Wildomar, CA 92595**

**Non-Profit with 501 c(3) Form/Government Booth: Exempt**  
**Informational Booth: \$20**  
**Vendor/Sales Booth: \$40**  
**Sponsorship to be listed on City Flyer: \$100**  
*No Food Vendors*

We are looking for vendors and non-profits to help us promote health and safety opportunities in our community! This fair will be in conjunction with ALS One 5K/10K Race! We are expecting over 500 people. Form and non-refundable application fee are **due by Monday May 14th at 5pm**. Application is subject to approval.

Check in between 5:30-6:30am. All booths will need to be setup by 6:45am. Breakdown is at 11am. Space is 12x12 with no electricity. You must provide table, chair and shelter. Giveaways/promotional items are appreciated. Sponsorship opportunities are still available.

**1. Contact Information**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**2. Booth Description**

Description of items being sold or services being promoted: \_\_\_\_\_  
 \_\_\_\_\_

Is your booth strictly informational or educational: Yes  No

Will there be an activity provided: Yes  Description: \_\_\_\_\_ No

Will you be providing giveaways: Yes  Description: \_\_\_\_\_ No

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**Liability Waiver**

I understand that the City of Wildomar does not carry insurance to cover participants or spectators of City sponsored activities. I hereby assume the risk of any injuries that may be sustained in the pursuit of City activities, and forever discharge the City of Wildomar, its officers, agents, and employees from any actions, suits, damages, claims or judgments that may result from any property damage or personal injuries that I sustain while using equipment owned or in the possession of the City of Wildomar, or while sponsored activities. I also agree to indemnify, defend and hold harmless the City of Wildomar, its officers, agents, and employees from any and all loss, damages, liability, cost or expense, arising out of any acts or omissions of the City of its officers, agents, or employees.

I have read the above waiver release and understand it. I am aware that there are no refunds and payment will be considered a donation in case of cancellation.

I have read the Conditions and Additional Requirements for Vendors and agree to comply with all regulations or be subject to removal from the event.

Name (Print)	Date
Signature	

Checks should be made payable to 'City of Wildomar'. Credit Card payments are accepted over the phone; however, there is an additional processing fee.

Please complete form and return with non-refundable application fee by May 14, 2018 at 5pm to:

**City of Wildomar**  
**Community Services Department**  
**23873 Clinton Keith Road Suite 201**  
**Wildomar, CA 92595**  
**Or email**  
**[jmorales@cityofwildomar.org](mailto:jmorales@cityofwildomar.org)**

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**For Official Use Only**

**Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

**Total Fees Paid:**    **Cash:** \_\_\_\_\_    **Check:** \_\_\_\_\_    **CC:** \_\_\_\_\_    **Receipt #:** \_\_\_\_\_

**Exempt:** \_\_\_\_\_    **Initials:** \_\_\_\_\_    **Date:** \_\_\_\_\_