VENDOR APPLICATION FORM

Please Print

ORGANIZATION NAME: ____________________________________________________________

CONTACT PERSON: ____________________________________ TITLE: _______________________

ADDRESS: ______________________________________ CITY: __________________ STATE: ______ ZIP: ____________

DAYTIME PHONE: _________________ FAX NUMBER: _______________ EMAIL: ______________________

WHAT TYPE OF SERVICE: ____________________________________________________________________

I have read and agreed to the conditions of participation:

________________________________________________
Signature

________________________________________________
Date

Allowed Items: **NO HAZARDOUS MATERIALS ALLOWED.** We reserved the right to determine what items are appropriate to be presented at any No Drugs America event. Vendors are not allowed to hand out any drinks to attending participants.

**CONDITIONS OF PARTICIPATION**

- You must be completely set-up before event starts at 9:45 am. Non-retail vendors are subject to approval by No Drugs America and Apple Valley Recreation & Parks District. Please do not tear down displays or stop activities until the event has closed at 3 pm. Your area must be completely clean with all trash removed before you leave the event.
  - Vendors are responsible for all items required for set-up (i.e. tables, chairs, pop-ups shade covering etc.) No loud generators.
  - Vendors are responsible for their own handouts, displays, products, signs and etc.
  - Vendors are responsible at all times for individual staffing and security of items.
  - Vendors may collect information from participants (i.e., phone numbers, addresses and etc.,) to be used at a later date.
  - Vendors must provide something fun for the kids to do.
  - All resale vendors must get approval by the Town of Apple Valley and have all permits.

**DOOR PRIZE DONATION (I.E.BICYCLE, TOYS, GAMEBOY ETC.)**

Item donating: ______________________________

**GAME WITH PRIZES**

Please explain your game: _____________________

**FINANCIAL DONATION (MINIMUM $50 or new kids bike)**

Amount donating: $ __________ Bike ______

Bicycle must be picked up or dropped off before event date. FAX VENDOR FORM AND CALL US FOR PICK UP OF THE NEW KID’S BIKE.

**TO RESERVE YOUR SPACE, PLEASE MAIL, FAX OR E-MAIL THIS APPLICATION TO:**

No Drugs America, PO Box 3308
Victorville CA 92393-3308

E-MAIL: NODRUGSAMERICA@AOL.COM
PHONE: 760.951.4951 OR FAX: 760.951.4951

Liability Insurance may be required and liability waiver signed.