

# White Knoll Bands Holiday Extravaganza Vendor Application/Contract

**Deadline Nov. 30, 2023**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

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

E-mail \_\_\_\_\_

Product/s to be sold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type of Product/s:** List items to be sold/displayed. Vendors will not be allowed to sell any item or conduct any activity that is not specifically detailed in this contract. One direct sales company is allowed per table.

**Tables & Location:** For \$35 you will be provided a spot that is approx. 8' X 6' for Saturday (6am - 9pm). Two chairs will be provided per spot. For an additional fee of \$20 we will supply a minimum size 6' table. Spaces will be assigned. Exhibitors agree that there will be no subcontracting of space allocated or any second-hand items sold.

**Fees:** All fees are due in full and must be submitted with this contract. If not approved, fees will be refunded. This contract embodies the entire agreement between the parties in connection with this transaction. There will be no oral agreements existing between parties relating to this transaction which are not expressly set forth herein. Monies received from APPROVED vendors are NON-REFUNDABLE.

**Acknowledgement of Contract:** Approval of application/contract will be acknowledged after fees and application/contract is received. All exhibitors agree to provide, at all times during the event, the presence of an authorized representative.

**Insurance: Payment of Fees: Release/Indemnity/Hold Harmless:** WKHS/WK Band assumes no responsibility for safe keeping of your property. Applicant hereby acknowledges that WKHS/WK Band is not responsible for any damage, from whatever cause, to the applicant's property and any property exhibited by Applicant. With the signing of this contract, all applicants and entrants agree to release, indemnify and hold harmless WKHS/WK Band and LCSD 1 against any and all claims, causes, causes of action, liability, losses, costs and damages including, without limitation to damages to persons or property, including attorney fees, and agrees to assume full responsibility for the same.

**Application must include: Fees (Please check all that apply)**

\_\_\_\_\_ \$35 Saturday, Dec 9<sup>th</sup> (6am - 9pm) - **Outlet Needed:** Yes or No

\_\_\_\_\_ I would like to rent a table for an additional \$20

\_\_\_\_\_ I would like to purchase \_\_\_\_\_(qty) meal ticket(s) for Saturday night for \$25 each (this ticket includes dinner catered by Shealy's, live music, and dancing).

Total amount enclosed: \_\_\_\_\_

**Payments for events can be made via:**

\_\_\_\_\_ Venmo: @whiteknoll-band

\_\_\_\_\_ Check: Made payable to WKBB and mailed to: White Knoll Band Booster  
Holiday Extravaganza  
P.O. Box 85402  
Lexington, SC 29073

**Donations:**

\_\_\_\_\_ I would like to donate a basket to the Raffle Basket Bonanza that will be held Saturday night, December 9th from 5 - 9pm. For each basket donation w/ a minimum value of \$20 you will receive one free \$3 raffle ticket. \_\_\_\_\_ Basket Value

***\*The undersigned Applicant agrees to be bound by all of the terms and conditions set forth in this Vendor Application/Contract. Applicant further acknowledges that this application is not accepted by White Knoll Band unless it is signed and dated below.***

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

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

Please mail the original contract with payment/method & indicated to: White Knoll Band Boosters, Holiday Extravaganza, PO Box 85402, Lexington, SC 29073. If you have any questions, contact Valerie Steen/803-730-8681 or at vsteen@lexington1.net.

***Thank you for your support.***