



Thursday, July 4, 2019 Street Fair Vendor Registration Form

PLEASE fill out, sign, and return via email laura@trilakeschamber.com, or print and mail with full payment to:
Tri-Lakes Chamber of Commerce, **PO Box 147**, Monument, CO 80132 or fax to 719-481-1638
Must include Liability Insurance Certificate and all licenses.

DEADLINE FOR REGISTRATION: June 20, 2019.

REFUND POLICY: All fees must be paid in full at time of registration. NO refunds after June 1, 2019. RAIN OR SHINE EVENT.
Early bird pricing before March 31, 2019

RELEASE: I understand the Tri-Lakes Chamber of Commerce will not be responsible for any loss, damage or injury that may occur to vendor/entertainers, their employees or property from any cause whatsoever and agree to hold harmless and indemnify the Tri-Lakes Chamber of Commerce against any and all claims for such loss, damage or injury. I have read the above paragraph and attached Vendor Information and agree to abide by all terms therein.

*MUST provide proof of General Liability Insurance with registration form
naming TRI-LAKES CHAMBER OF COMMERCE AS ADDITIONAL INSURED.
FOOD VENDORS MUST FURNISH VALID FOOD LICENSE UPON REGISTRATION.*

Required: Signature: _____ Sales Tax # _____ Date: _____

Business Name: _____

Contact Person: _____ Contact Phone: _____

Mailing/Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Detailed Description of Products /Services **(You may not sell items other than listed):** Use back if more space is needed

Do you need electricity? Yes _____ No _____ (See Vendor Information for details)

Are you interested in Chamber membership? _____ Please check here for more information.

Price Per Space <small>Additional spaces ½ price NON-PRIME LOCATIONS ONLY</small>	Member	Non-Member	Member- Food	Non-Member- Food
	Regular	Regular	Regular	Regular
Prime Location (limited)	\$180	\$270	\$290	\$390
Non-Prime Location	\$115	\$205	\$210	\$315
Non-Profit (Non-Prime Locations Only)	\$75	\$75	\$180	\$180

Please circle the appropriate box(s) above. Indicate your location preference below. We will do our best to give you the space you select, but do not guarantee it. We will contact you if none of your selections are not available. Please see map on TriLakesChamber.com.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Amount Enclosed: _____ Check # _____

Visa, MC or American Express: _____ Exp Date _____ CID# _____ ZIP _____