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Contact Terri Hayworth



10th Annual Cruzin' for Life Car Show/Cancer Survivor Cruise
Friday, September 20th (4:00 to 10:00 pm) Saturday, September 21st (8:00 am to 3:00 pm)
2013 VENDOR/EXHIBITOR/CONTRACTOR/ORGANIZATION/GROUP ETC
APPLICATION AND AGREEMENT

Business Name (insurance will be in this name): _____

Owner/Contact Name (authorized contract signer): _____

Mailing Address/City/State/Zip: _____

Business Phone: _____ **Home Phone:** _____

Fax #: _____ **Cell Phone:** _____

Email: _____

CA Resale Number (required if selling product): _____

County Health Permit # and Expiration (copy required) _____

SPACE REQUIREMENT: Management assigns all spaces. Space size and booths assigned are 10' x 10'. You must bring your own canopy/pop-ups, tables/chairs, etc.

UTILITIES: There is a \$35 charge for 110-v use. There are limited spaces with electricity available. First Come First Serve

FOOD VENDORS: A Health Permit and/or other permits, licenses are necessary as required by the City of Santa Maria and County of Santa Barbara and the Fairpark's contract.

FEE/DONATION: Cruzin' for Life is a not for profit organization so your donations are tax deductible as allowed by law. A \$25 donation is suggested. 501(C)3 80-0124040

INSURANCE REQUIREMENTS: Cruzin' for Life, Inc. and the Santa Maria Fairpark (37th District Agricultural Association) **DOES REQUIRE** a Certificate of Liability Insurance from your carrier. **We must receive the additional insured certificate 7 days prior to the event.** You may purchase insurance from CFL at a cost of \$40.00. Please call Terri at 805-478-5896 for insurance inquiries.

HOLD HARMLESS AGREEMENT: _____ agrees to indemnify and hold harmless Cruzin' for Life, Inc. and the 37th District Agricultural Association aka Santa Maria Fairpark, its officers, agents, employees and volunteers from all claims, suits actions, damages and causes of action, liability, defense costs, including other fees, loss or damage which Cruzin' for Life, Inc. and the Santa Maria Fairpark may incur as a result of claims, demands, costs or judgments against it, arising from the 10th Annual Benefit Event for Marian Cancer Care and the American Cancer Society. In addition, _____ agrees to provide Cruzin' for Life, Inc. a Certificate of Insurance naming Cruzin' for Life, Inc. and the 37th District Agricultural Association as an Additional Insured in an amount of not less than the maximum exposure of Cruzin' for Life, Inc. I certify all of the information contained in this application to be true and accurate to the best of my knowledge and agree to abide by all Cruzin' for Life, Inc. and the Santa Maria Fairpark's regulations.

Signed and Dated