

Please return completed application and suggested donation and fees to:

Cruzin' for Life, PO Box 7145, Santa Maria, CA 93456-7145

Contact Terri Hayworth regarding vendor info:

cruzinforlife@verizon.net

Fax 805-928-4647 Cell 805-478-5896

See Attached Information regarding insurance.



16th Annual Cruzin' for Life Car Show/Cancer Survivor Cruise
Friday, September 20th (5:00 to 9:00 pm) Driver's Meet 'n Greet and Survivor Car Cruise, BBQ, Entertainment
Saturday, September 21st (7:00 am to 3:00 pm) Car Show
2019 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: _____

Contact Phone #: _____ Fax #: _____

Email: _____ Type of Product: _____

CA Resale Number (required if selling product): _____ County Health Permit (copy required) _____

SPACE REQUIREMENT: Management assigns all spaces. Space size is approx. 10' x 10'. You must provide 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

FEE/DONATION: Cruzin' for Life is a not for profit organization so your donations are tax deductible as allowed by law. A \$35 donation is suggested. 501(c)3 80-0124040.

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. It is your responsibility to acquire any necessary documents.

FAIRPARK REQUIREMENTS: A possible fee paid directly to the Fairpark may be required based on your sales.

INSURANCE REQUIREMENTS: Sample Attached and must comply as written. 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 14 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 16th Annual Benefit Event. 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