Black History Month Festival
Saturday, February 24, 2024, 11:00 am – 4:00 pm
6105 Pine Hill Road, Port Richey, FL

VENDOR APPLICATION

Space is considered Reserved when the Completed Application is RECEIVED.
Deadline to Register is February 19, 2024.
Email address for all Vendor Correspondence is **ValAnderson2010@gmail.com**

THERE IS NO VENDOR FEE, TO PROVIDE COMMUNITY INFORMATION, BUT WE ASK FOR A DONATION TO THE AFRICAN AMERICAN CLUB OF PASCO COUNTY FROM VENDORS SELLING MERCHANDISE, AND A DOOR PRIZE, FROM ALL VENDORS.

1. All items sold are subject to approval by the Event Committee.

2. Each Vendor is responsible for providing items for set up, to include, table, tablecloths, chairs, tent/sun covering, and Vendor product.

3. Set up for Vendors will begin at 9:00 am to be completed by 11:00 am. The Vendor is responsible for setup, operation, maintenance, and cleaning of the assigned booth area. The Vendor shall maintain a clean and safe operation for the full duration of the event. The Vendor shall clean up the table site and remove or dispose of trash after event conclusion. Vendor breakdown begins at 4:00 pm.

4. By participating in this event, the Vendor agrees to protect and hold harmless the African American Club of Pasco County and its Entities from any, and all liability for damage, or loss of any goods for any reason. The Vendor understands that he/she is an independent party and is solely responsible for their table space and booth operation.

5. Vendor Fee is Free to provide community information. Vendors selling merchandise are asked to provide a donation to the African American Club of Pasco County by close of the event. Each Vendor is asked to donate a gift item for giveaway during the event. Please bring gifts packaged and ready for giveaway to include a description and business card.

BY SUBMITTING YOUR APPLICATION
YOU AGREE TO THE ABOVE TERMS AND CONDITIONS FOR THIS EVENT.

Juneteenth Celebration
Saturday, February 24, 2024, 11:00 am 4:00 pm
6105 Pine Hill Road, Port Richey, FL

VENDOR APPLICATION

(PLEASE PRINT ALL INFORMATION CLEARLY)

NAME: _____

DAY TIME PHONE: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

E-MAIL ADDRESS: _____

BUSINESS NAME: _____

DESCRIPTION OF BOOTH CONTENT: _____
_____

SIGNATURE: _____

DATE: _____

TO RESERVE VENDOR SPACE PLEASE EMAIL COMPLETED AND SIGNED APPLICATION TO VALANDERSON2010@GMAIL.COM BY February 19, 2024.