

# CAVE CITY PROUD DAYS / SEPTEMBER 21-22, 2018

## BOOTH APPLICATION

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BOOTH size 10ft. x 12ft. Number of Booths: \_\_\_\_\_

BOOTH Type: Without Electric \$30 \_\_\_\_\_ With Electric \$40 \_\_\_\_\_

### Type of Electric Needed:

110 Standard \_\_\_\_\_ 220 Standard \_\_\_\_\_ 220 Stove Plug \_\_\_\_\_

### Type of Booth:

Handmade Crafts: \_\_\_\_\_ Church/Gov/Civic: \_\_\_\_\_ School: \_\_\_\_\_ Home Sales: \_\_\_\_\_ Other: \_\_\_\_\_

Food Vendor: \_\_\_\_\_ (Please remember food sales may require a permit from the Barren County Health Department which can be reached at 270-651-8321.)

Describe your booth in detail as we try to not have two of same booths near one another. It shall be the vendor's responsibility to ensure that vendor's franchise restrictions are met, not the festival.

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### Good Neighbor Policy

The Undersigned acknowledges and agrees to the "Good Neighbor Policy".

**Free Food:** In an effort to be a good neighbor and respect for all our vendors, the only free food allowed is a **small bite size sample**.

**Alcohol:** As we made plans for 2018 events, it was voted unanimously, that the sale of alcohol and / or license to sale alcohol is prohibited for this event. We continue to strive to have a family atmosphere, and take pride in presenting an alcohol free environment for our festival.

\_\_\_\_\_,  
the undersigned, desires to participate in the Cave City Proud Days which is a community celebration made up of volunteers organizing events for the betterment of local community and the enjoyment of the attending public. The undersigned hereby acknowledges that he/she is participating in this event at his/her own risk by signing this waiver and release, the undersigned is waiving, releasing, and forever discharging any and all claims against the City of Cave City and each of the other participants in the celebration whether such claims were foreseeable or not at the time of the signing of this Waiver & Release. They undersigned by signing this waiver and release extends to any all subrogation claims by the undersigned insurer arising out of any claims paid in connection with any of the matters herein waived and released. **No refunds will be given for any reason.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email **signed** application:

Send checks AND hard copy of application to Cave City Proud, PO Box 45, Cave City, KY 42127