



2021 Food/Beverage Registration Form

PAYMENT _____

SPACE NO. _____

REGISTRATION INFORMATION

[Please print]

Business Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone _____

E-mail Address: _____

REGISTRATION FEE (NON-REFUNDABLE)

[Please put number of spaces]

#	Food/Beverage	Fee	Total
1	First Space	\$195.00	
	Additional Space	\$150.00	
TOTAL PAYMENT		\$	
Number of 12'x20' spaces			

METHOD OF PAYMENT

[Please select payment]

 Cash Cashier's Check/Money Order [payable to City of Hopkinsville]

Number: _____

 Credit Card: Visa MasterCard

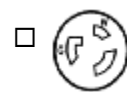
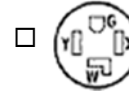
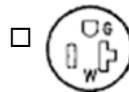
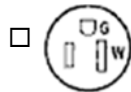
Card #: _____

Expiration Date: _____ CVC: _____

Cardholder Name: _____

Card Holder Signature: _____

ADDITIONAL INFORMATION

➤ Water Source Required? YES NO➤ Grilling on-site? YES NO➤ Electricity Required? YES NOOutlet Type:
(Check one)

(Available outlets)

_____ Amp _____ Volt
(Fill in blank)

➤ Specific description of your set-up (e.g. 20' trailer, 10'x10' tent). Please give exact sizes of trailers, tents, etc.:

➤ Food/Beverage Vendors are required to attach a copy of menu items and pricing along with registration form.

Please return completed, signed form and payment by July 30, 2021 to: Hopkinsville Parks and Recreation, 2600 Thomas Street, Hopkinsville, Kentucky 42240 or fax at 270-632-2065. Questions? Contact Parks and Recreation at 270-887-4290 or drundall@hopkinsvilleky.us.

DISCLAIMER

The City of Hopkinsville, Division of Parks and Recreation reserves the right to close registration prior to July 30, 2021, if required number of vendor spaces are filled prior to the above deadline.

WAIVER AND RELEASE

The undersigned agrees to defend and hold harmless the City of Hopkinsville, Division of Parks and Recreation, and all other festival sponsors and agents from all injury, loss, costs, claims, or damages to any person or property arising from, related to, or in any way connected with participation in the Summer Salute Festival. I grant permission for you to publish any and all photos taken during these activities. Event organizers are granted permission to have medical personnel treat me, if needed, during my participation in the event.

Printed Name: _____ Signature: _____ Date: _____