

FORM DEADLINE:
February 7, 2016



2016 BAZAAR & MARKETPLACE QUESTIONNAIRE

ETHNIC GROUP _____

NON-PROFIT ORGANIZATION AFFILIATION _____

FOR-PROFIT/COMPANY NAME (if applicable) _____

CONTACT INFORMATION (PLEASE PRINT)

Bazaar Chairperson _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____

Business Name _____

Business Phone _____

E-mail _____

INSURANCE COVERAGE

Who is providing general liability insurance for your booth? Please check one:

- ☐ We are covered under the policy of the non-profit or company listed above
- ☐ We do not have insurance coverage. We need to be added to the Festival of Nations' policy (\$100 Fee)
- ☐ Other Please explain: _____

DESIRED DRIVE-IN TIME

Please choose only one day and a specific time!

- ☐ Tuesday, May 3, 2016 (3:00 pm – 10:00 pm)
- ☐ Wednesday May 4, 2016 (9:00 am – 10:00 pm)

Requested Time: _____ ☐ A.M. ☐ P.M.

**Drive in times will be mailed to the Bazaar Chairperson prior to set-up.*

BOOTH REQUEST

Please indicate how many booths you would like to request this year:

- ☐ One booth
- ☐ Two booths