



Hampton Bay Days

Parking Fund Raising Program Application

Deadline: June 1 ~ Acceptance Notification after July 15th

Contact Name: _____

Organization's Name: _____

Tax ID#: _____

Address: _____

City: _____ State _____ ZIP _____

Work Phone: _____ Fax: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

How many year(s) participated in Bay Days: _____

Indicate desired location in order of preference:

Mill Point Park City Hall Stage Queen & Wine Queen & King Other

1st Choice _____

2nd Choice _____

3rd Choice _____

List charities receiving donations (and percentage %) from your organization; describe how donations will be used. (Use back if needed)

1. _____ %

2. _____ %

3. _____ %

4. _____ %

5. _____ %

Does your organization have previous experience with this activity? (Use back if Needed)

Parking Fund Raising Program Application ~ Page 2

Contact's Name (Last, First) _____

PLEASE MAKE SURE YOU HAVE ENCLOSED THE FOLLOWING:

- ✓ Completed Application – Both Pages.
- ✓ Attach copy of Internal Revenue Service letter stating your organization is classified as 501 (C) Corporation

Return To:

Hampton Bay Days, Inc. • 34 Wine Street ~ Suite A • Hampton, VA 23669-4046

Please read below before signing:

- I agree to comply with the Rules and Regulations of the Hampton Bay Days Festival. (**Go to: www.baydays.com**)
- I understand Hampton Bay Days is a rain or shine event and no refunds will be granted due to weather conditions.
- I and my representatives expressly release and hold harmless Hampton Bay Days Inc. and the City of Hampton and its directors, employees, agents and volunteers from any and all liability for injury, sickness or death, including personal injury and property damage or loss (including defense costs) which may arise in connection with vendor participation in the Hampton Bay Days Festival associated with the negligence of the vendor, and its employees or volunteers.
- An insurance certificate is required of all booth vendors who are in the festival. A certificate of Commercial General Liability insurance with a limit of not less than \$1,000,000.00 (\$1million) per occurrence for bodily injury or property damage is required. The certificate will name **Hampton Bay Days, Inc and the City of Hampton** as additional insured and provide for 30 days notice of cancellation. Said certificate will further be provided at the consummation of this agreement.

Signature of Applicant _____ **Date** _____

Print Name _____