

 **Vendor/Trunk Participant Application 2024**

Business/Booth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_Zip:\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* Please provide updated email AND phone number\*\*\***

Food and beverage vendors must follow all St. Joseph County Health Department rules and regulations. Below, list booth space requirements, including food trailer or truck dimensions with service window orientation. Supply trucks may remain on-site, but may be required to park away from the main event area (pending size).

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**Application & Rules Agreement**

I have read and will comply with the rules of the Trunk or Treat Event and I will comply with all applicable laws. By signing, I understand that no homemade goods can be distributed to guests attending the Trunk or Treat.

**Release & Indemnification Agreement**

For and in consideration of the Mishawaka Education Foundation allowing the undersigned to participate in the Trunk or Treat, the undersigned hereby releases and agrees to indemnify and hold harmless the Mishawaka Education Foundation, School City of Mishawaka, their agents, employees, and officials from any and all actions, causes of action, claims, damages, demands, judgments, executions, costs, expenses, including attorney fees, and all other claims for damages whatsoever which may hereafter be made, instituted, filed or recovered against the Mishawaka Education Foundation, School City of Mishawaka, their agents, employees, and officials by the undersigned and any other person as the result of participating in this event.

Vendor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY:** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment made by: ❒ Cash ❒ Check ❒ Money Order ❒ CC

Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_