



EVENT NAME:
EVENT DATE:
EVENT LOCATION:

Submission of this form does not guarantee your space at the event. Space is limited by business category and room size.
ALL VENDORS MUST TURN IN ST-19 FORM.

VENDOR INFORMATION (Please Print Clearly)

Business Name		
Contact Person First/Last Name		Business Phone ()
Address		Home Phone ()
City		Cell Phone ()
State	Zip	Day of Event Phone Number ()
Email		Website www.
Facebook Page		Twitter Handle
BUSINESS/ORGANIZATION TYPE		

Vendor Information

Other Information

Checklist Items

I have read and understand the registration and refund policies. In consideration of participating in this activity, I hereby personally assume all risks in connection with this activity and I hereby agree to hold the City, its officials, employees, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the City or anyone working on behalf of the City for any injuries or damages related to the alleged negligence of the City. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct by the City or anyone acting on behalf of the City. I shall defend, indemnify and hold harmless the City and its officials, employees and agents from any liabilities, judgments, losses, costs or charges (including attorneys' fees) incurred by the City or any of its officials, employees or agents as a result of any claim, demand, action or suit relating to any bodily injury (including death), loss or property damage caused by, arising out of, related to or associated with my participation in this activity, except to the extent caused by the sole negligence, gross negligence or willful misconduct of the City or its officers, employees or agents. Eagan Parks & Recreation periodically takes pictures of participants during activities and in the parks. Please be aware that these photos may be used in the City's brochures, pamphlets or cable presentation. If you do not want to be photographed or published you must give us written notice.

Signature _____ Date _____

Credit Card Payment

In order to protect credit information, please call Eagan Parks & Recreation at (651) 675-5500 to register with a credit card. Your card will not be charged until you are officially accepted and approved by the event coordinator.

AmEx Discover MC Visa Amount: \$ _____

Name on Card: _____

If paying by check, make check payable to City of Eagan.

Payment: Cash Check # _____ Credit Card

OFFICE USE ONLY

Date Received: ____/____/____

Time Received: ____:____ a.m./p.m.

Received: In-person Drop Box Mail
 Fax Email

Received and Registered By: (initials) _____

Vendor Approval: _____

Date: _____