KAPPA ALPHA SIGMA Alumni Chapter of

PHI BETA SIGMA FRATERNITY, INC.

Vendor Form

**Event Information**

**Vendor fee - $50**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: April 30,2016**

**12pm-6pm**

**Vendor Time: from\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_ (Set up as early as 10am)**

**Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Location: Wade Walker Park, Stone Mountain, GA**

**Vendor needs or Instructions: (Tables will not be provided)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WAIVER:** I, intending to be legally bound, do hereby, for myself, my heirs, executors and/or administrators, waive and release all claims for damages that may accrue against any sponsors of the event, any and all contractors, their employees, representatives, agents and heirs from any and all injuries that may be suffered by me at or en route to the event. I attest that I fully understand that Phi Beta Sigma Fraternity, Inc. Kappa Alpha Sigma Alumni Chapter will not be responsible for any property damage from any of my product or service for this event. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring in my participation of my products and services. I acknowledge that I have read and understand the above and in consideration of this being an amateur event, I release the rights to any and all photographic material, motion picture, videotape recording, and/or computer information organizers may wish to release for this event without obligation to me.

**Make Checks or Money Orders Payable to:**

**Phi Beta Sigma fraternity Inc. – Kappa Alpha Sigma Alumni**

**P.O. Box 830724**

**Stone Mountain, GA 30083**

**Vendor Contact:**

**All monies must be received before April 20,2016.**

**You can also make payment through our website: kas1914.org/picnic-vendor**