



**9th Annual Paws 4 A Cure Walk**  
**Non-Profit Vendor Application**  
**May 1, 2016**

*Please type in the fields below*

**Organization Name**

**Contact Name**

**Phone Number**

**Street Address**

**City**

**State**

**Zip Code**

**Website URL**

**Email Address**

**Description of product/service being displayed**

**I would like to provide a demonstration or activity at the event.**

I would like to host a 10x10 section of the event. (you provide your own tent & table) \$30.00

I would like to display my company's logo on the event t-shirts. \$200.00 (additional)

I would like to make an additional donation to Paws 4 A Cure in the amount of \$\_\_\_\_

Applicant Agreement: I understand that my exhibit at the 9th Annual Paws 4 A Cure Walk must be reviewed and approved by the Paws 4 A Cure events committee and that I may be required to modify my exhibit and/or remove any non-complying articles. The events committee reserves the right to reject applications for any reason and will refund fees paid in this case. I understand that once accepted, booth fees are not refundable, whether an exhibitor cancels after submitting an application, or if the festival is canceled because of inclement weather.

The Applicant agrees to indemnify and hold harmless the Town of Wakefield, Related Beal Property, Paws 4 A Cure and its officers and members from any and all claims and judgments for personal injuries or damage to property resulting directly or indirectly from the activities in connection with which permission is given to participate in the 9th Annual Paws 4 A Cure Walk, and from any costs and expenses to which the Town of Wakefield, Related Beal Property, Paws 4 A Cure and its officers and members may be subjected or which they may suffer or incur by reason thereof. The Applicant further agrees to comply with the pertinent provisions of the Town of Wakefield bylaws and the laws of the Commonwealth of Massachusetts.

By submission of this signed application and registration fees, I am verifying that I operate a non-profit organization and acknowledge that I have read and agree to abide by all requirements, participation conditions and policies listed here and in any accompanying materials.

**Signature**

**Date**

**Please print and make your check, money order or cashier check payable to Paws 4 ACure.**

**Mail to: Paws 4 A Cure, P.O. Box 1821, Wakefield, MA 01880**