ı	MAY □ NOV □	CARLSBAD VILLAGE FAIRE			
ı	YEAR YEAR	LAST NAME			
	Proudly sponsor the CHAMBER OF COMMERCE VILLAGE FAIRES Ist Sunday in May 1st Sunday in November	ADDRESS	ST ZIP E-MAIL CELL ()		
 	Are you a Carlsbad Chamber Member? Yes \(\text{No}\) No \(\text{No application accepted without Valid Seller's Permit number}\) CANOPY CERTIFIED FIRE RETARDANT NO CANOPY				
ı	OFFICE USE ONLY: SPACE \$	ELEC. REQUIRED (\$75) TO	OTAL PAID \$ CHECK #	DATE	
	l agree to indemnify and hold Kennedy & Associates, the Carlsbad Chamber of Commerce and the City of Carlsbad, their officials, staff and agents harmless of and from any and all actions, causes of action of every kind in law or equity, suits, debts, liens, contracts, agreements, promises, claims, liabilities, demands, damages, obligations, loss, costs and expense of any nature whatsoever, known or unknown, fixed or contingent, including, without limitation, attorneys fees and court costs through and including any appeals, taxable or otherwise, incurred, either directly, as a result of my participation in the Carlsbad Village Faire, including but not limited to, any claims which might be made by myself, my oc-ownforty, as a result of my participation in the Carlsbad Village Faire, I understand and agree that Kennedy & Associates, the Carlsbad Chamber of Commerce and/or City of Carlsbad are in no way responsible for my property or its safekeeping. No Refunds within 30 days of event, or in case of inclement weather, act of nature, or restrictions by government agencies, over which the Carlsbad Chamber of Commerce or Kennedy & Associates has no control. Booth cancellations received before 30 yets of the event, will be assessed a \$30 cancellation fee. No stolen merchandise, fire arms, ammunition, explosives, alcoholic beverages, drugs or illegal items, tobacco, tobacco/drug paraphemalia, or items that promote the use of any federally controlled substance, including marijuana.				
		SIGNATURE			
	IF PAYING BY CREDIT CARD; PLEASE COMPLETE FOLLOWING				
	Credit Card #			Exp	

_____ Billing Zip Code___

Name on Card_____