



**10th Annual Smokin' in the Square
BBQ Cook-Off
March 15-17, 2019
Vince J. Whibbs Sr. Community Maritime
Park, Pensacola, FL
Vendor Application
Website: smokininthesquare.com**



PLEASE COMPLETE AND RETURN NO LATER THAN MARCH 4, 2019
(No Applications will be accepted after this date.)

Name: _____
 Name of Business: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____
 Items to be Sold: _____

2019 VENDOR BOOTH FEES FOR ANY OR ALL OF THE 3-DAY EVENT ARE:

- 10'X10' SPACE - \$175.00
- 10'X15' SPACE - \$200.00
- 10'X20' SPACE - \$225.00
- 10'X30' SPACE - \$275.00

**TENTS LARGER THAN 10x10 REQUIRE A FIRE DEPARTMENT PERMIT*

PLEASE SPECIFY DAYS OF ATTENDANCE (CHECK ALL THAT APPLY):

FRI _____ SAT _____ SUN _____

PLEASE SPECIFY IF YOU NEED ELECTRIC _____ OR WATER _____ **

****ELECTRICAL AND WATER HOOK-UPS ARE VERY LIMITED AND
WILL BE PROVIDED ON A 1ST-COME, 1ST-SERVED BASIS.**

Vendors can set-up each morning up to an hour before event begins and take-down immediately following close of day.

Event Hours are Friday, March 15: kick-off at 12 noon to 8pm
 Saturday, March 16: 10am to 10pm
 Sunday, March 17: 9am to 4pm

For further information, contact Marnie Carter at 702-845-1925

Please make checks payable to:
 Smokin' in the Square BBQ Cook-Off
 Attn: Marnie Carter
 1333 College Pkwy #142
 Gulf Breeze, FL 32563



Smokin' In The Square BBQ Cook-Off

Waiver of Liability

In consideration of your accepting my/our entry to the Smokin' In The Square BBQ Cook-Off Vendors, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Knights of Columbus, Kansas City Barbeque Society, and/or assigns, for any and all injuries suffered by me and /or my team, family members, and/or representatives during, and/or in conjunction with, this event. I hereby grant full permission to Smokin' In The Square BBQ Cook-Off Competition and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings and any other records of this event for any legitimate purpose.

Vendors Signature: _____ Date: _____

Vendor _____
(Printed Name of Authorized Signer)

Parent _____
(if Vendor is under 18 years of age) (Parent's Signature and Printed Name, if applicable)

Signing this application, you/your-organization agrees to abide by the Waiver of Liability of this application)