

Vendors booth
\$100.00 for 4 days

2010 Conferences & Tour Vendor Information Sheet

www.daretodance.org

(813) 785-9983 cell

Vendor Table Guidelines: Here are the guidelines for Vendor Tables at 2010 conference & tour events. There is space for approximately 10 tables available to the public. Selection will be on a first come, first serve basis. An email will be sent to confirm your reservation.

- Vendors (if you are interested in attending the daytime workshops) you MUST register at a discount rate of \$50.00.
- Vendors fee must be received no later than 2 weeks prior to start of the event.
- Vendors must respect hours of operation. NO selling during the General **Worship** Services (you may sell before or after and during the workshops as well).
- Vendors are responsible for making changes and manning their own tables.
- Vendors must secure and store all items properly when not in operation, as we have limited security available.
- Vendor's fee includes: 1 table, 1 personal announcement from stage (by you), daily announcements by D2D staff, and access to general sessions. **There is an additional \$50 cost to attend workshops**
- Vendors MUST sign Waiver of Liability prior to setting up
- Vendors must make checks or money orders payable to: Paulette Rolle-Alesnik
Please mail to Dare 2 Dance Ministries, Inc
P.O. Box 24492, FL 33623
Attn: Vendor Booth

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone#: _____ **Work Phone #:** _____

Cell #: _____ **Fax #:** _____

E-mail Address _____ **Web site:** _____

Name of Business: _____

Business Address: _____

Product Description: _____

IMPORTANT NOTE:

*Paulette Rolle-Alesnik, Dare to Dance Ministries, Inc., its representative / agents / volunteers are not responsible for your profit or loss of sale.

Dare 2 Dance, Inc

Vendor's Release of Liability Form / Wavier of Liability

This is a *WAIVER OF RIGHTS*. Please read carefully before signing. Do not sign agreement unless you fully understand what you are signing.

TO: Dare to Dance, Inc
P.O. Box 24492 Tampa, FL 33623
813-785-9983

RE: Participants _____

Social Security No. _____ **or DOB:** _____

In Consideration of the Ministries' Agreement to provide venue activities for the above named business / participant(s), I agree to release Dare To Dance, Inc., it's representatives / agents / volunteers, Paulette Rolle-Alesnik, Joseph Alesnik along with his faculty, agents, employees and volunteer workers from any and all liability or responsibility should the aforesaid business /participant become injured or ill during this event regardless of the cause of said illness or injury; and I further waive any rights I might have to bring a lawsuit or claim against the ministry Dare To Dance, Inc., it's representatives / agents / volunteers, Paulette Rolle-Alesnik, Joseph Alesnik, his agents, employees and volunteer workers.

Signature of Participant (s)

Printed Name: _____

Address: _____

Telephone Number (s): _____

Date Signed: _____

Sworn to and subscribed before me this _____ **day of** _____ **A.D. 200** ____

Notary Public
Stamp or Seal

IMPORTANT NOTICE: *Dare 2 Dance, Inc will not provide workers for your booths. You are entirely responsible for your own table and your products at ALL TIME.*