

## 2010 AZLE STING FLING BOOTH APPLICATION

In consideration of accepting this application for booth space, the undersigned hereby elects to and does release the Azle Area Chamber of Commerce, City of Azle, State of Texas and all the respective officers, agents and employees from any and all claims, demands, rights or causes of action of whatsoever kind or nature which the undersigned has ever had or may now have or may hereafter have, whether now known or unknown, foreseen or unforeseen, arising from or by reason of or any way connected with, any injuries, losses, damages, or the results thereof, which heretofore has been or hereafter may be sustained by the undersigned as a result or in connection with or arising out of the undersigned's participation in the Azle Sting Fling.

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I, the undersigned, have read and retained a copy of attached information and have agreed to the stated terms and conditions, including the above release, and understand all terms stated within. I execute this release voluntarily and with full knowledge of its significance and understand that violation of any rules may result in denial of participation in future years. No refunds will be given.

**(PLEASE PRINT)**

Contact Name \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_  
Email address: \_\_\_\_\_

### BOOTH RESERVATION

#### Arts/Crafts/Sales

#### Food Vendors

\_\_\_\_\_ @ \$55 for one 12'X14' Outdoor  
\_\_\_\_\_ @ \$65 for one 10'X10' Indoor w/electricity\*  
\**will or will not* (circle one)  
*Need electricity w/indoor booth*

\_\_\_\_\_ @ \$225 for one 10'X20' Outdoor  
\_\_\_\_\_ @ \$250 for one 10'X20' Outdoor w/electricity\*  
\**Electricity is limited and only  
110 volt is available*

**Total Due \$** \_\_\_\_\_

Please describe items or food to be sold, or materials to be displayed:

Method of payment: \_\_\_\_\_ cash \_\_\_\_\_ check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard  
Credit card # \_\_\_\_\_ 3 Digit Code \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Card billing address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### NO REFUNDS

Return application no later than September 10th, 2010 and make checks payable to: Azle Area Chamber of Commerce  
252 W. Main Street, Suite A  
Azle, TX. 76020