



North Mason Rotary  
8<sup>th</sup> Annual  
**TASTE OF HOOD CANAL**  
**August 8, 2009 Belfair, WA**

**Dear Prospective Vendors, Exhibitors and Sponsors,**

The North Mason Rotary Club invites you to participate in the 8th Annual 'Taste of Hood Canal' to be held Saturday, August 8, 2009 in downtown Belfair. **The North Mason Rotary club's share of the net proceeds will go to provide scholarships and other North Mason Rotary community service projects.**

Enclosed you will find an application form and the general policies for vendors, exhibitors and sponsors.. Please read the policies, complete the enclosed application, and return it no later than July 1, 2009.

The Taste of Hood Canal committee works diligently to make every year better by using past experience and comments and suggestions from vendors and participants. Please note the section of the application on power requirements and the additional form. It is important that you fill this portion out if you are requesting power.

We encourage all vendors to promote the 'Taste of Hood Canal' theme by the choice of products in your booths. Food vendors are strongly encouraged to sell "taste size" portions, keeping with the theme of the event. **Also new this year, food vendors can sell pop or water.** Hands on activities are encouraged to promote family participation. The North Mason Rotary reserves the right to deny some or all of the products which are duplicates or do not represent the festival's or community's family oriented image. Commercial and information exhibitors are welcome as sponsors. Sponsor information is included. This is a non political event.

The specific requirements for vendors are covered in detail in the Guidelines. If you have any questions not covered in the enclosed material, or if you would like to explore new ideas, please feel free to contact us.

The members of the North Mason Rotary Club hope that this event will result in an entertaining and fun experience for both participants and attendees that will bring families back year after year.

Thank you for your interest and participation.

Anne Armstrong, Vendor and Exhibitors Committee (360-277-0646)

North Mason Rotary Club • Taste of Hood Canal • P.O. Box 321 • Allyn, WA 98524



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**August 8, 2008 Belfair, WA**

**VENDOR APPLICATION**

**Vendor Name:** \_\_\_\_\_

Contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Describe your booth and what you will be selling or displaying in detail, including how dishes will be prepared and served (for variety determination). I

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendors are responsible for all tables, chairs, awnings, etc. All vendor spaces are 10 foot by 10 foot. If you require more than one space, please specify and enclose the appropriate amount. Each vendor space is \$75 exception commercial vendors who must register as a sponsor and pay sponsor fee. Please see sponsor form for application.

**Number of Spaces:** \_\_\_\_\_ **Amount Enclosed:** \_\_\_\_\_

**If accepted, the vendor signifies they have read and agree to abide by the Taste of Hood Canal Guidelines included in the application package.**

**Will you need power? \_\_\_ If yes, the enclosed power form must be completed.**

Disclaimer: The undersigned hereby assumes all responsibility of loss or damage to persons or property arising from the Taste of Hood Canal and agrees to hold harmless the North Mason Rotary, owners of event sites, other participants and sponsors of the Taste of Hood Canal.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Attach a copy of your certificate of insurance naming North Mason Rotary and Taste of Hood Canal as additional insured.**

Submit your application to:  
North Mason Rotary Club  
'Taste of Hood Canal'  
P. O. Box 321  
Allyn, WA 98524

Please return your application no later than July 1, 2008.



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**Electrical Application**

In order to insure safe and adequate power for vendors, electrical requirements must be identified in advance. Please read the following instructions and complete the information requested .

Business Name: \_\_\_\_\_

Contact Name & Number: \_\_\_\_\_

Description	Amperage	Wattage

**Description:** Give a short description of electrical device.

**Amperage and Wattage:** Some devices may have one or the other, while some may list both amperage and wattage. Please provide as much information as you can. If the number has letter designations such as MA, KW, or W please include that as well. The more information you provide, the better we will be able to serve our vendors.

**Extension cords must be grounded. You are required to provide your own extension cords and may require up to 200 feet.**