



Benton City Chamber of Commerce
 Providing community events that encourage the spirit of community.

Benton City Daze 2024 Vendor Registration
 City Park 806 Dale Ave., Benton City, WA
 Set-up begins at 7 AM
 Application Deadline: August 25th, 2024
 Returning Vendors Receive Priority (May close earlier if full.)

Email Address (Please print. **This will be our primary form of communication.**) Phone Number

Mailing Address City State Zip Code

Sales & Social Media URLs: Website, Etsy, Facebook, etc (This information may be used for promotional purposes.)

Description of items being sold. (Please be specific and complete - **like items will be limited.**)

Comments or Requests

Booth spaces are 10'x10'. Vendors must provide their own tables, chairs, canopies & weights.
**** Electricity IS NOT available. ****

Benton City Chamber Member	\$35	Qty:	Total Due: \$
Non-Chamber Member	\$45	Qty:	Total Due: \$
Non-Profit Org. (Benton City Chamber Member)	\$20	Qty:	Total Due: \$
Non-Profit Org. (Non-Chamber Member)	\$30	Qty:	Total Due: \$
(Non-Profits MUST attach proof of 501 © Status)			Amount Enclosed: \$

Please make checks payable to Benton City Chamber of Commerce. Mail to BC Chamber/BC Daze, P.O. Box 401, Benton City, WA 99320 or drop off at the Chamber office, 5136 9th Street, Benton City.

I _____ wish to participate in the Benton City Chamber of Commerce Benton City Daze event. I have read, understand and agree to abide by the Vendor Guidelines. I understand that this application is no guarantee of acceptance, that like products will be limited, and that returning vendors in good standing will receive preference. Confirmation of acceptance or denial for participation in this event will be emailed 2 weeks prior to the event date. Cancellations after August 31st, 2024 are non-refundable, unless initiated by the Chamber for public health and/or safety reasons. I agree that any images taken at this event, whether still photos or video, may be used for promotional purposes by the Benton City Chamber of Commerce, or its agents, without compensation. I agree to sign and return the attached ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM, and provide a copy of my business liability insurance to the coordinators of

Signature Date