



CITY OF COVINA AND THE
 COVINA CULTURAL ARTS ADVISORY COMMISSION
 PRESENT THE



2014 Dia de Los Muertos
 Day of the Dead Celebration

ALTAR AND VENDOR APPLICATION

Sunday, October 19, 2014, 3-8 pm
 Covina Park, 301 N. Fourth Ave.

*For vendors only, please be aware that the Cultural Arts Advisory Commission provides free sugar skulls, face masks, and handmade skull necklaces at no cost to children ages 12 & under. There is also a limited number of face painters accepted at the event, please register early. **NO food vendors accepted.** Event will have food trucks. For more information, please call (626) 384-5340.*

Please tear off here and mail/bring form to the address below.

DAY OF THE DEAD - ALTAR/VENDOR APPLICATION

Please check one (All fees are nonrefundable):

- Ä Individual or Family Altar - \$5 (5' X 5')
- Ä Vendor - Single space - \$60 (10' X 10')
- Ä School or Group Altar - \$15 (5' X 15')
- Ä Vendor - Double space - \$85 (10' X 20')

Do you plan to face paint? Yes or No

If registering as a Vendor, please list here the items and brand you will be selling:

Power is provided to all vendors to use for booth lighting purposes only.

Name of Individual or Family: _____

Address: _____ City: _____ Zip: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

HOLD HARMLESS

In consideration of the City of Covina furnishing facilities, supervisors, equipment or expenses, I agree to hold harmless and release the City, its officers and employees, on behalf of myself, my child(ren), my heirs, assignees, administrators and executors, any and all rights and claims for damages or injuries to property and/or person which undersigned or participant may sustain or incur as a result of, use of, or participation in the activities, events, or property by the City. All participants in City programs are subject to being photographed/ videotaped for publication. By signing below, I agree to the terms and conditions of this event.

Applicant's Signature: _____

PAYMENT METHOD:

Check (Payable: City of Covina)

VISA MasterCard

Amount: \$ _____

Card #: _____ Exp. Date: _____

Name as it appears on card: _____
(Please Print)

Authorized Signature: _____

Mail form to: Covina Parks & Recreation Department, 1250 N. Hollenbeck Avenue, Covina, CA 91722