

2015 DANISH DAYS FESTIVAL -- "KID'S KORNER" BOOTH APPLICATION

BOOTH REQUIREMENTS:

1. All applicants must represent a NON-PROFIT organization.
2. No alcohol/drugs will be allowed.
3. Due to limited spaces, applications will be processed on a "first come" basis.
4. **Two fees/deposit: A \$100.00 fee is due with this application. This fee is refundable if your organization does not participate. A second refundable deposit for set-up and take-down of \$100.00 (separate check) will be required at sign-up. The check will be returned to you if two (2) adults (who can each lift 60-plus pounds) show up on Thursday, September 17 at 5pm AND Monday, September 21 at 5pm.**
5. Due to problems in past years regarding duplications of booths, please list your first and second choice. We will make every effort to honor your first choice but, due to "first come" basis, this might not be possible.
6. Decorations – balloons – for the booths will be provided; **you must provide your own signs and screens (food booths).**
7. Contact person for Kid's Korner is Petti Pfau: 805-688-9973. You will be contacted prior to the festival with any final information. Please be sure you list a contact person and phone number for your organization, on this application.
8. **Application is due September 1, 2015 – all forms and checks.**

Please complete and return this form to:

Solvang Danish Days Foundation
c/o Petti Pfau
72 Sandalwood Way
Solvang, CA 93463

Name of
Organization: _____

Nonprofit Tax ID# _____

Which type of booth? Check: ___ Game or ___ Food

1st Choice _____

2nd Choice _____

Contact Person: _____

Address: _____

Daytime Phone/Cell #: _____ Evening#: _____ Work#: _____

Email: _____

Signed: _____ Date: _____

Danish Days Set-up
General Information

Event Dates: September 19th - Saturday and September 20th - Sunday

Location: Solvang City Park

Booth Time: 9:00am – Booth Prep
10:00am – Ready for business
4:00pm – Closing / you can leave signs and tables overnight

Booth: 8 X 8 booth – Screened & covered for food booths
Only 1 condiment table outside booth

Booth Decorations: Danish Days will provide – Red/White bows
YOU POST: Sign with name of your organization
Game/Food
Prices
Prizes

PLEASE - No stapling on our new booths

YOU PROVIDE

Equipment Needed: Screens for food booths - Only 1 condiment table outside booth
Tables/chairs
Tape
Ladder
Qty. 2 long extension cords

Any other tools you might need
Large trash can – we will provide liner
(place next to your booth)

Food Booths: POST – Food Handlers Guide sheet in booth
Water hose is located by the bathrooms.

ALL BOOTHS: Please pick up any trash around your booth during this event.
Clean your booth on Sunday.

Please remember: Two (2) adults (who can each lift 60-plus pounds) for Booth set-up Thursday, September 17th at 5pm AND break-down Monday, September 21st at 5pm.

AGREEMENT AND RELEASE FROM LIABILITY

Voluntary Participation

1. I, _____ (NAME OF RELEASOR), acknowledge that I have voluntarily applied to participate in SOLVANG DANISH DAYS in Solvang, California.

Assumption of Risk

2. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE POSSIBLE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: ____.

Release

3. As consideration for being permitted by SOLVANG DANISH DAYS FOUNDATION to participate in these activities, I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue, or attach the property of SOLVANG DANISH DAYS FOUNDATION, its officers, directors, or any of its affiliated organizations, or the supplier of any on the equipment I will use in these activities, for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of SOLVANG DANISH DAYS FOUNDATION, its officers, directors or any of its affiliated organizations as a result of my participation in the Solvang Danish Days activities. I hereby release SOLVANG DANISH DAYS FOUNDATION, its officers, directors, and any of its affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in Solvang Danish Days.

Knowing and Voluntary Executor

4. I HAVE CAREFULLY READ THIS AGGREMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND SOLVANG DANISH DAYS FOUNDATION AND/OR ITS AFFICIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Executed at Solvang, California, on _____, 2015

RELEASOR _____

DECLARATION OF WITNESS

I certify that _____ (NAME OF RELEASOR) acknowledged in my presence that (he or she) had read and fully understood the meaning and consequences of the foregoing release and signed it in my presence.

Executed at Solvang, California, on _____ 2015

Signature of Witness

DECLARATION OF WITNESS

I certify that _____ (NAME OF RELEASOR) acknowledged in my presence that (he or she) had read and fully understood the meaning and consequences of the foregoing release and signed it in my presence.

Executed at Solvang, California, on _____ 2015

Signature of Witness

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