



Vendor Registration Form
(Please print or type)

Org/Comp: _____
Contact: _____ Products being sold: _____
Address: _____
City: _____
Phone #: _____ Cell : _____
Email: _____ ***NO DRINKS MAY BE SOLD!**

Please check your choice of the following booth:

_____ Vendor Booth Registration: \$100 (Current Chamber Members)	Early Bird rate ends August 25, 2018. Price increase of \$25 will be added after August 25, 2018.
_____ Vendor Booth Registration: \$125 (Future Chamber Members)	
_____ Food Booth Registration: \$125 (Current Chamber Members)	
_____ Food Booth Registration: \$150 (Future Chamber Members)	
_____ Electricity: \$25 (if needed)	

If you are a food vendor, please have your health department license / permit available and in plain sight. Please e-mail a copy of the Food Permit to fajitafiestatexas@gmail.com.

Check or Money Order for the full amount must accompany your registration form. Credit Card payments may be made over the phone by telephoning (512) 295-9999. Payment must be received by September 22, 2018 to secure your space.

Make checks payable to: *Buda Area Chamber of Commerce* or *BACC*

Mail to: Buda Area Chamber of Commerce
Attention: Fajita Fiesta Cook Off
Post Office Box 904
Buda, Texas 78610

Questions? Contact the BACC office at (512) 295-9999 or e-mail fajitafiestatexas@gmail.com.

Waiver must be signed and returned with payment or entry will not be accepted: In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages against the Buda Area Chamber of Commerce, the City of Buda, Parks and Recreation Department, the BACC Fajita Fiesta Cook Off. Their representatives successors, and assigns for any and all injuries suffered by me and in the event. Further, I hereby, grant full permission for the Buda Area Chamber of Commerce and or agents authorized by them to use any photographs, video tapes, recordings, and any other record of this event for any legitimate purpose.

Signature of Vendor: _____ Date: _____

For Office Use Only
Received By: _____ Date Received: _____ Payment: _____