



LIGHT-UP COOPER CITY 2016

HOLIDAY BAZAAR



- When:** *Friday, December 2, 2016.*
- What:** *Holiday Bazaar*
- Where:** *Light up Cooper City... Booth Location TBD*
- Fee:** *\$25.00 plus tax (\$26.50). Fee collected when exhibitor is confirmed.*

General Information for Light Up Cooper City Bazaar Table

- *Bazaar participant must be a Cooper City resident.*
- *Booths are limited and available on a first come, first serve basis.*
- *Staff will inform vendors the location of their booth the week of the event.*
- *Participants must be set up by 5:30 p.m.*
- *Booths must remain open from 5:30 to 9 p.m.*
- *Two six foot tables and two chairs will be supplied for each booth.*
- *All supplies including storage boxes must be removed from the area at end of event.*
- *Each group is responsible for collecting 6% sales tax on all items sold. Contact the Florida Department of Revenue.*

Staff contact: Felicia Trainor
Contact number: 954.434.4300, #233
Contact e-mail: Ftrainor@CooperCityFL.org



Please return attached application in person to:
Cooper City Recreation Department Administrative Office
located in the Cooper City Community Center.



LIGHT-UP COOPER CITY 2016 HOLIDAY BAZAAR APPLICATION



Name: _____

Mailing Address: _____

Phone number: _____

E-mail: _____

Types of crafts at booth: _____

Number of tables: (please circle) 1 or 2 / Number of chairs: (please circle) 1 or 2

Release and Waiver: (please read and sign below)

In consideration of accepting this Holiday Bazaar Reservation Form, I, the undersigned, individually and /or on behalf of my organization or group do hereby agree to hold harmless the City of Cooper City, its trustees, elected and appointed officials, agents, servants, and employees from and against any and all claims, demands causes of action whatsoever, kind and for any resulting judgments, losses, costs, damages, liability, expenses and attorney's fees arising out of, occurring during or relating to the undersigned's participation in the Light-Up Cooper City Holiday Bazaar at the Cooper City Community Center. I acknowledge that I have read the above and that I fully understand that I am giving up valuable legal rights by executing this release.

Printed Name: _____

Signature: _____

Date: _____



For office use only:

Participant ID attached (initials): _____ Receipt #: _____ Date: _____