

CITY OF WEST COVINA and the EAST SAN GABRIEL VALLEY JAPANESE COMMUNITY CENTER  
present

# CHERRY BLOSSOM FESTIVAL 2016

**Saturday, March 19, 2016**

South Hills Plaza  
1420 S. Azusa Ave, West Covina, CA 91791  
12:00-6:00 PM

If you are interested in participating as a vendor, please fill out the form below. We are accepting applications for food, information, and arts & crafts vendors. Please return this form along with check or money order to ESGVJCC prior to **Friday, February 12, 2016**. If you have questions, contact the ESGVJCC Office at (626) 960-2566 or email [info@esgvjcc.org](mailto:info@esgvjcc.org).

**REGISTRATION IS FIRST COME, FIRST SERVE  
SPACE IS LIMITED**

## 2016 CHERRY BLOSSOM FESTIVAL VENDOR INFORMATION

Please fill out and return to ESGVJCC, 1203 West Puente Avenue, West Covina, CA 91790

**Contact Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please describe ALL items to be sold:** \_\_\_\_\_

**SPECIAL REQUESTS:** \_\_\_\_\_

*\*\*\*Food vendors will NOT be permitted to sell water.*

*\*\*\*Each outdoor space with provided canopy includes with 1 table & 1 chair.*

|       |   |                 |
|-------|---|-----------------|
| _____ | One outdoor space with provided canopy (10' x10') | \$150           |
| _____ | One outdoor space without canopy (10' x 10')      | \$100           |
| _____ | Electricity                                       | \$25            |
| _____ | Additional tables                                 | \$10            |
|       | <b>TOTAL</b>                                      | <b>\$ _____</b> |

*Please make checks or money orders payable to "ESGVJCC".*

**APPLICATION AND PAYMENT MUST BE RECEIVED BY FRIDAY, FEBRUARY 12, 2016.**

I hereby release, discharge, and agree to indemnify the City of West Covina and the East San Gabriel Valley Japanese Community Center, its officers, agents, and employees from and against all actions, claims or demands that I, my heirs, distributes, guardians, legal representatives, or assigns have, or now have, or may later have from today, for injury for death or damage resulting from my participation in the activity for which I have enrolled.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_