

RETURN THIS DOC and INSURANCE CERTIFICATE BY MAY 2017

Form B	Participant Facts & Acknowledgment Form
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INSTRUCTIONS: Please complete this form and return it along with a copy of your insurance certificate to Jill Grotzinger by email, Jill.Grotzinger@artsandrec-op.org or fax, 913.897.4467.

Participant Name			
	<i>(Restaurant or Vendor group name – as you want it to appear in the program and signage)</i>		
Contact for night of event			
Work Phone:		Cell:	
Email:		Fax:	
Overview - Electrical/Mechanical Requirements	<i>(Detailed requirements must be provided on the F&B Logistics Planning Form – Form C)</i>		
Name and Phone # of person in charge of defining electrical needs			
Co. Insurance Agent	<i>(Please attach a copy of your insurance certificate.)</i>		
Insurance Agent Phone			
Liability Coverage	\$ <i>(Please list dollar amount. Minimum requirement is \$1,000,000 and if selling beer/liquor it will also need to include Liquor Liability. The certificate will need to name The Arts & Recreation Foundation of Overland Park as an additional insured.)</i>		

HOLD HARMLESS AND INDEMNIFICATION: *The parties acknowledge that it is their intent that the vendor/concessionaire release and indemnify The Arts & Recreation Foundation of Overland Park and their employees, volunteers, agents and representatives for Bodily Injury and/or Property Damage caused from the vendor/concessionaire's negligence.*

Tell us briefly about your plans (*What will you serve and what equipment will you bring?*): Note: Menu items must be approved by a Stems Representative to minimize duplication.

Stems Support (Before the Event)

I would like to request the following support/assistance from Stems before the event day:

<input type="checkbox"/> Use of the Stems Logo	<input type="checkbox"/> Tax-deductible receipt for the fair market value of donation of: \$_____
<input type="checkbox"/> Other (please specify)	

Please note that we will contact you to discuss your requirements further and all support/assistance is subject to availability.

Participation Acknowledgment

I understand that I have voluntarily elected to participate in Stems: A Garden Soirée on Saturday, June 24, 2017, at the Overland Park Arboretum & Botanical Gardens and pledge to carry out my commitment to the satisfaction of the event organizers.

Print Your Name:	Date:
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Signature: _____