

Vendors booth  
\$100.00 for 4 days

## Express YOUR Worship Conference

### Vendor information Sheet

~~813-377-4177~~ office or (813) 785-9983 cell

**Vendor Table Guidelines:** Here are the guidelines for Vendor Tables at the "Express YOUR Worship Conference, 2006. There is space for approximately 10 tables available to the public. Selection will be on a first come, first serve basis.

An email will be sent to confirm your reservation.

- Vendors (if you are interested in attending the daytime workshops) you MUST register at a discount rate of \$50.00. Vendor's fee must be received no later than October 30, 2007.  
Vendors must respect hours of operation. NO selling during the General **Worship** Services (you may sell before or after and during the workshops as well).  
Vendors are responsible for making changes and manning their own tables.  
Vendors must secure and store all items properly when not in operation, as we have limited security available. Vendor's fee includes: 1 table, 1 personal announcement from stage (by you), daily announcements by D2D staff, and access to general sessions. **There is an additional \$50 cost to attend workshops** Vendors MUST sign Waiver of Liability prior to setting up Vendors must make checks or money orders payable to: Paulette Rolle-Alesnik **Please mail to Dare 2 Dance Ministries, Inc P.O. Box 24492, FL 33623 Attn: Vendor Booth**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Web site: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business \_\_\_\_\_

Address: \_\_\_\_\_

Product Description: \_\_\_\_\_

**\*\*\*VENDOR'S BOOTH DEADLINE is October 30th \*\*\***

### IMPORTANT NOTE:

\*Paulette Rolle-Alesnik, Dare to Dance Ministries, Inc., its representative / agents / volunteers are not responsible for your profit or loss of sale.

# Dare 2 Dance, Inc

## Vendor's Release of Liability Form / Wavier of Liability

**This is a *WAIVER OF RIGHTS*. Please read carefully before signing. Do not sign agreement unless you fully understand what you are signing.**

**TO:** Dare to Dance, Inc  
P.O. Box 24492 Tampa, FL 33623  
813-785-9983

**RE: Participants** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ **or DOB:** \_\_\_\_\_

In Consideration of the Ministries' Agreement to provide venue activities for the above named business / participant(s), I agree to release Dare To Dance, Inc., it's representatives / agents / volunteers, Paulette Rolle-Alesnik, Joseph Alesnik along with his faculty, agents, employees and volunteer workers from any and all liability or responsibility should the aforesaid business /participant become injured or ill during this event regardless of the cause of said illness or injury; and I further waive any rights I might have to bring a lawsuit or claim against the ministry Dare To Dance, Inc., it's representatives / agents / volunteers, Paulette Rolle-Alesnik, Joseph Alesnik, his agents, employees and volunteer workers.

\_\_\_\_\_  
**Signature of Participant (s)**

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number (s):** \_\_\_\_\_

\_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Sworn to and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_ **A.D. 200** \_\_\_\_

\_\_\_\_\_  
**Notary Public**  
**Stamp or Seal**

**IMPORTANT NOTICE:** *Dare 2 Dance, Inc will not provide workers for your booths. You are entirely responsible for your own table and your products at ALL TIME.*