



Smoke & Soul Fest Vendor Application

Mail application and entry fees to:

Smoke and Soul Fest | c/o Brain Injury Alliance of Wyoming | 123 West 1st Street, Suite 400 | Casper, WY 82601 For more information call (307) 473-1767 or jennifer@wybia.org.

We will not accept any application without payment.

Vendor Name: _____ Booth Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Set up time: 9am – 10am

Break down time: 5:30 – 6:30pm

Booth Fee \$50

Please Describe your product: _____

Payment Type *Make checks payable to: BIAW*

Cash Check # _____

Credit Card # _____ Exp _____ CVV _____ Zip Code _____

Application Process: This is an application only, it does not guarantee acceptance. You will be notified of your status. We will not process your fees unless you have been accepted. Once accepted, we will deposit your fees, and you will receive an acceptance letter and participant packet with more information. This application is non-transferable and the entry fee is non-refundable.

Waiver of Liability: 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 I may have against the Brain Injury Alliance of WY, their benefactors, representatives, successors, and/or assigns, for any and all injuries suffered by me in this event. I agree to abide by the KCBS rules, regulations, and judging procedures as well as any and all rules, laws, and guidelines established by the Smoke & Soul Fest. Further, I hereby grant full permission to Smoke & Soul Fest and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings, and any other record of this event for any legitimate purpose.

Parent/Guardian (if under 18 years of age)

Date