

## **Captain Al's Steak and Seafood**

EVENT NAME:				Sponor Le	vel:		
Name:				Parking Re	equirements	s:	
Business Name:							
Street Address:				Date:			
City:	State	<u></u>	ZipCode:		ne:		
Cell Phone:				Move-Out	Time:		
Email Address:							
Website:				Additional	. Adverti <del>z</del> ing	: 	
Tax Payer ID No.			<u> </u>				
Description of what y	ou are selling/promoting:	-					
		-					
Description your Set-	-Up looks like:						
Names of your On-sit	te Staff:					_	
						_	
						_	
Size of Space Requested:		10 X 10	\$250.00		10 X 30	\$750.00	
		10 X 20	\$500.00		_ 10 X 40	\$1,000.00	
Power Available:	\$25.00						
Total Payment due 7	days prior to Event	PAID:		DATE:		_	
Email your logo to:	StaceyCaptainAls@gm	nail.com					
WAIVER:	I certify that I have adequate insurance to cover any injury or damage I or my staff may cause or suffer while						
	participating, or else I agree to bear the costs of such injury or damage myself. I agree to hold harmless Captain Al's						
	or their staff from any and all claims which may arise from participation in this event.  By signing this document, I acknowledge that I have read and understood it and agree to be bound by its terms.						
	by signing this document	., i acknowieuge illa	aci nave reau anu uni	uci stobu it allu agli	ce to be boul	iu by ito terriro.	
Signature:		Date:					