

**Vendor Application Form**  
**SOUTHERN CALIFORNIA DISTRICT COUNCIL**  
**67<sup>th</sup> Episcopal District of the P.A.W., Inc**  
**Diocesan, Bishop Dr. William A. Benson**

**2024 Conference • Location: Legacy Resort Hotel & Spa**

**April 17-20, 2024 • Legacy Resort Hotel & Spa • 875 Hotel Cir S, San Diego, CA 92108**

Owner/Vendor/Contract Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company's Web Site(s): \_\_\_\_\_

Products/Services (short narrative): \_\_\_\_\_

**APPLICATIONS**

Completed Applications are to be submitted to: Sister Yvonne Edwards ([yisatwin@gmail.com](mailto:yisatwin@gmail.com)).

Applications must be submitted with payment by March 22, 2024 to be considered for vending during the SCDC 2024 Spring Conference (please note applications will be accepted on a “first come first serve” basis).

**FEES & PAYMENTS**

Vendor Booth Fees associated with participation at the APRIL 2024 Conference are as follows: Special: \$50 per day for 3 days \* Saturday will be complimentary with complete tear down by 1:30pm!! Vendors arriving Thursday and Friday will be \$50/day + \$25 for Saturday vending and tear down by 1:30pm!!

Payments are to be made as follows:

- Zelle to: [scdcdistrict67@gmail.com](mailto:scdcdistrict67@gmail.com) (very important... please note your Zelle payment for April 2024 SCDC Conference).
- Check (made payable to the Southern California District Council)

PLEASE NOTE: NO REFUNDS GIVEN.

**SET-UP/TEAR-DOWN**

Vendors are required to use the vendor tables provided, unless otherwise agreed to in writing by the SCDC Vendor Coordinator. SCDC will provide each vendor with one (1) 6' skirted table, which will be assigned by our Vendor Coordinator. Set-up time will be Tuesday from 6pm to 9pm. Vending will be opened daily from 9am to close of services/programs during the dates of the conference. All tear-down to be completed by 1:30pm on Saturday.

**INSURANCE REQUIREMENTS**

Vendor shall provide satisfactory evidence of insurance, and shall thereafter be maintained during the specified event; such insurance policies and coverages in the types, limits, forms, and ratings must meet the Hotel/Facility requirements for the SCDC Conference. All vendors are required to have General Liability and must contain "The Southern California District Council, their officers, employees and agents named as additional insured with respect to liability arising out of the April 2024 SCDC Conference being held at Legacy Resort Hotel & Spa". Insurance Certificates must be received by start of vending.

YES, I have provided an Insurance Certificate

NO, I have opted not to provide an Insurance Certificate, and I consent to the "No Insurance" clause.

If no Insurance Certificate is provided, Vendor must sign below accepting the terms and conditions to hold harmless the Legacy Resort Hotel & Spa and the SCDC; its officers, employees, agents, and any other associate of these two agencies, from any and all loss or theft, damage, claim of damage, liability, expense or cost, including attorneys' fees or other associated fees which arise out of or is in any way associated with the Vendor's booth and or vending during this specified special event; further the Vendor assumes ALL RESPONSIBILITY for any such actions above. \*

\_\_\_\_\_  
Signature of Vendor Applicant

Please sign, date and submit this completed application. Our Vendor Coordinator will contact you upon approval.

Vendor Applicant Name (Please Print) \_\_\_\_\_

Vendor Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**FOR INTERNAL USE ONLY BY SCDC VENDOR COORDINATOR OR REPRESENTATIVE**

Date/Time Application Received: \_\_\_\_\_

Days Vending: WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_

Application Approved: \_\_\_ Yes \_\_\_ No (Date/Initial) \_\_\_\_\_ \$50/day Paid: \_\_\_ Yes \_\_\_ No

Form of Payment: Zelle \_\_\_\_\_ Check # \_\_\_\_\_

Application Declined (Reason): \_\_\_\_\_

Proof of Insurance Provided (and submitted to the SCDC Secretary) \_\_\_ Yes \_\_\_ No

OR Vendor Applicant Declined with signature above\* \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
SCDC Vendor Coordinator (Yvonne Edwards)

\_\_\_\_\_  
Date