



## Hispanic Festival Inauguration

### EVENT INFORMATION

EVENT TITLE		REGISTRATION DEADLINE DATE
Hispanic Festival		Wednesday, July 31, 2024
EVENT LOCATION NAME		EVENT DATE(S)
Lake Eva Park		Saturday, October 12, 2024
EVENT ADDRESS		ACCEPT/REJECT NOTIFICATION DATE
555 Ledwith Avenue, Haines City, FL. 33844		TBD
PHONE	ALTERNATE	EVENT MANAGEMENT POINT OF CONTACT EMAIL
863-594-4697	786-587-7712	hispanicempowermentfoundation@gmail.com

### EVENT SCHEDULE

VENDOR MOVE-IN	EVENT HOURS	VENDOR MOVE-OUT
9am-10am	12pm-7pm	7pm-8pm

### EVENT DESCRIPTION

Festival to celebrate Hispanic Heritage Month.  
All funds collected will be used to benefit charities that support scholarships for special education programs local schools and youth sports.

### VENDOR SPACE INFORMATION

SIZE OF VENDOR SPACE	COST

**Mail to:** Hispanic Empowerment Foundation - Attn: Hispanic Festival  
1099 W. Commerce Ave., Unit A,  
Haines City, FL. 33844



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FEE INFORMATION NSF fees are \$35.00 per returned check.

FEE AMOUNT	MADE PAYABLE TO
	<b>City of Haines City</b> *Please make sure to write on the memo line: "Hispanic Empowerment Foundation"

PAYMENT METHOD	CHECK	MONEY ORDER	CASH

CASH RECEIVED BY: (PLEASE PRINT)	AMOUNT	DATE

## VENDOR INFORMATION

VENDOR NAME		REGISTRATION DATE
ADDRESS		
PHONE	ALTERNATE	EMAIL
Name of Contact Person		WEBSITE

**Mail to:** Hispanic Empowerment Foundation - Attn: Hispanic Festival  
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### VENDOR DESCRIPTION

### CANCELATION TERMS / FEES

**All Fees Are Non-Refundable | No Carryovers | Rain or Shine, Event Must Go On**

### APPROVAL

Upon approval, you will be contacted by email provided with a confirmation of your registration, including all Rules and Requirements and any additional information that may apply for this event.

### CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.

<b>NAME</b>	<b>TITLE</b>
<b>SIGNATURE</b>	<b>DATE</b>

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# FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_

FORM OF PAYMENT: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

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