

FOR MORE INFORMATION PLEASE EMAIL US AT:

# **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			NTACT 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**

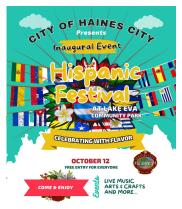
Festival to celebrate Hispanic Heritage Month.

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



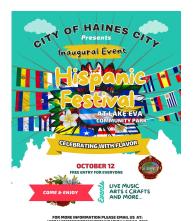


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HISPANICEMPOWERMENTFOUNDATION@GMAIL.CO	NO.

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

FEE AMOUNT	MAD	MADE PAYABLE TO				
	City of Haines City  *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 INFORM	ATIO	N			·	
VENDOR NAME						REGISTRATION DATE
ADDRESS						
PHONE	ALI	TERNATE	EMAIL			
Name of Contact Person WEBS		WEBSITE				





VENDOR DESCRIPTION		

## **CANCELATION TERMS / FEES**

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

#### **APPROVAL**

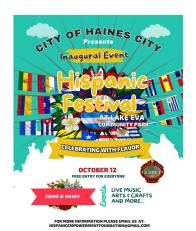
Upon approval, you will be contacted by email provided with a confirmation of your registration, including all Rules and Requirements and any additional information that may apply for this event.

#### **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.

NAME	TITLE
SIGNATURE	DATE





# FOR OFFICE USE ONLY

DATE RECEIVED:
AMOUNT PAID: \$
FORM OF PAYMENT:
DATE APPROVED:
APPROVED BY: