

# Holidays on the Hill

## VENDOR APPLICATION

Mark your calendars! The Agoura Hills Recreation and Event Center will be hosting our annual Holidays on the Hill. Our event will be open to the public on Friday, December 6th and Saturday, December 7th. We are looking for a variety of vendors that can sell one of a kind gifts that the community will enjoy.

## Dates: December 6-7, 2024

### FEEES

2 Day Artisan Booth = \$120

### FEEES INCLUDED

2 six foot tables (no tablecloths)

2 chairs

\*Please note electricity will be limited and will be offered on a first requested first served basis.

### IMPORTANT INFORMATION

You will unload in and out of the Agoura Hills Recreation and Event Center located at 29900 Ladyface Court, Agoura Hills, CA 91301

- Artisan Load-in:
  - Friday, December 6, 2024, 11:00 am to 1:00 pm
- Holidays on the Hill Hours:
  - Friday, December 6, 2024, 4:00 pm - 8:00 pm
  - Saturday, December 7, 2024, 10:00am - 3:00pm
- Artisan Breakdown
  - Saturday, December 7, 2024, 3:00 pm - 4:00 pm

### PLEASE NOTE:

All vendors are required to stay the entire event. Any vendor leaving prior to the completion of the event will result in removal from consideration of any future events. If approved, you will receive an acceptance email after the review process.



FOR MORE INFORMATION, CONTACT:

Kimberly Hollands, Recreation Supervisor (818) 597-7346  
culturalarts@agourahillscity.org

91301  
A CULTURAL EXPERIENCE

Agoura Hills Recreation and Event Center, 29900 Ladyface Ct, Agoura Hills, CA 91301



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## VENDOR APPLICATION FORM

ARTISAN NAME

\_\_\_\_\_

BUSINESS NAME

\_\_\_\_\_

PRODUCTS

\_\_\_\_\_

PRODUCT DESCRIPTION

\_\_\_\_\_

PRICE RANGE

\_\_\_\_\_

WEBSITE/SOCIAL MEDIA

\_\_\_\_\_

EMAIL

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP CODE

\_\_\_\_\_

PHONE #

\_\_\_\_\_

### APPLICATION SUBMISSION

Please include hi-resolution images of your work with this application. Payment is due at time of application submission. Applications and/or payments can be made out to the City of Agoura Hills and mailed to The Agoura Hills Recreation and Event Center 29900 Ladyface Court, Agoura Hills, CA 91301.

**DEADLINE TO APPLY IS SUNDAY, OCTOBER 20, 2024.**

### GENERAL RELEASE, WAIVER AND INDEMNITY AGREEMENT

I certify that I am volunteering to participate in the above program(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program.

I further certify that I am in good health and have no physical or other impediment, which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the

Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out or relate to my participation in the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it.

VENDOR SIGNATURE

\_\_\_\_\_

DATE:

STAFF RECEIVED

\_\_\_\_\_

DATE:



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## VENDOR CREDIT CARD AUTHORIZATION FORM

CARDHOLDERS NAME: \_\_\_\_\_

CARDHOLDERS PHONE NUMBER: \_\_\_\_\_

CARDHOLDERS ADDRESS: \_\_\_\_\_

CARDHOLDERS EMAIL ADDRESS: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

By signing this form, I agree to pay the applicable fees.

CARDHOLDERS SIGNATURE: \_\_\_\_\_



CREDIT CARD NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

CVV: \_\_\_\_\_