



# Safe Kids Day 2023 Vendor Registration Form

**Saturday, March 4, 2023**

**10:00am to 1:00pm**

**Golisano Children's Hospital | 9981 S Healthpark Dr, Fort Myers, FL 33908**

**General Information:** Safekids Day, vendors may demonstrate services, provide free samples, hand out promotional and/or educational materials, information and sell merchandise according to their business's application and acceptance. The ultimate goal of the event is to help and educate families on how to keep their families safe.

### Important Information

- Food and/or beverage sales Vendor Menu is subject to approval by the event Coordinator. No Vendor will be permitted to sell alcohol
- Set Up/Tear Down: Vendors may arrive as early as 8:00am and no later than 9:00am. ALL set-up vehicles must be off event area by 9:30am and parked in designated space.
- Vendors may begin to tear down no earlier than 1:00pm and must be out by 2:00pm.
- Vendor must have a canopy/tent and is responsible for its tents, chairs, tables, weights etc.
- Trash removal is the vendor's responsibility; space must be cleaned thoroughly prior to departure
- Your vendor space will be emailed to you with a map of the venue no later than 48 hours before the event. Please if for some reason you are unable to attend contact the event coordinator Julie Noble at [Julie.Noble@leehealth.org](mailto:Julie.Noble@leehealth.org)

Please fill out the information below and submit your vendor form to [Julie.Noble@leehealth.org](mailto:Julie.Noble@leehealth.org)  
If you have any questions please call (239)343-5334 or (801)781-0807

Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_

Contact Phone @ event \_\_\_\_\_ Email Address \_\_\_\_\_

Requested Space: 10X10\_\_\_\_\_ 10X20\_\_\_\_\_ 10X30\_\_\_\_\_ Food Truck \_\_\_\_\_

Please give a brief description of the activity your agency has planned and if you have any special placement request:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Registrants Signature

\_\_\_\_\_  
Date