

**Valencia Hispano Chamber of Commerce
Vendor Contract
Annual Matanza Event
February 25, 2012**

(Vendor)_____ agrees to enter into this contract with Valencia County Hispano Chamber of Commerce (VCHCC), on (date)_____.

This agreement is based on the following provisions:

- 1. Vendor wishes to rent space at annual Matanza event.**
- 2. VCHCC will charge vendors at following rate:**
 - For profit vendors-\$100**
 - Non-Profit vendors-\$50**
 - Political vendor - \$250**
 - Vendor will pay VCHCC in advance of the event.**
- 3. Vendors wishing to rent more than one space may do so.**
- 4. Spaces will be located outside the Matanza team area /arena and north and northeast of the Sheriff's Posse Cafe.**
- 5. Spaces will be designated days before the event and said space locations are firm. Vendors are only reserved a space upon payment.**
- 6. VCHCC may cancel if unforeseen circumstances arise. Money will be refunded if sufficient notice is given (one week).**
- 7. Vendor will receive:**
 - o **two vendor passes to event, entitling them to enter grounds.**
 - o **One designated vendor parking pass.**
 - o **10' x 10' Reserved Vendor Space**
- 8. Vendor is responsible for providing own tables and chairs or other form of displays.**
- 9. Vendor has access to set-up tables/chairs/trailer on the day PRIOR to the event. With the size of the event, VCHCC cannot allow vendors to drive into the vendor area to set-up on the day of the event. Set-up should be prior to the event, or vendor will**

have to carry their items from the parking lot on the day of the event.

10. VCHCC will provide security services the night before the event allowing vendors who choose to do so to leave items at tables when they set up on Friday.
11. Vendor agrees not to sell water, soft drinks, or item's traditionally sold by VCHCC.

The Valencia County Hispano Chamber of Commerce (VCHCC) is a non-profit corporation whose sole purpose is promoting education, and supporting local businesses and the community.

Date Signed: _____
Vendor Representative _____
Name of Vendor: _____
Cell Phone: _____
Email Address: _____
Mailing Address: _____
Description of Services/Goods: _____

Accepted by:
VCHCC Representative _____

**Contact info: VCHCC, Noe Lara
865-0786
Mailing Address: PO Box 539, Belen, NM 87002**

www.hispanomatanza.com