



## The Midnight Sun Intertribal Powwow

(Affiliate of the Fairbanks Arts Association)

P.O.Box 80034

Fairbanks, Alaska 99708

### 2008 PUBLIC SERVICE/INFORMATION TABLE APPLICATION/CONTRACT

Dates: **July 11 - 13** / Location: the field behind the Carlson Center (2010 2<sup>nd</sup> Avenue)

The Midnight Sun Intertribal Powwow Council offers booth space free of charge for organizations whose mission serves the general public. We will try to accommodate as many requests as space allows. Please submit this signed application before July 1, 2008 to ensure your spot and to assist us in our planning. We are not able to provide equipment or electricity for your assigned area so please come prepared with all necessary provisions and equipment; such as, tables, chairs, and canopy no larger than 10x10ft.

Vendors can begin set up at **12pm on Friday, July 11th and 8am on Saturday and Sunday, July 12 and 13.** All vendors are expected to have someone at your information table for the entire duration of the powwow. You will be informed of any changes made.

Friday's schedule will run from **5 - 11pm**, Saturday from **11am - 11pm**, and Sunday from **11am - 5pm**. Cherokee White is overseeing vendors this year. She can be reached at (907)488-6213 or [cwhite@ptialaska.net](mailto:cwhite@ptialaska.net)

\*\*\*THE FOLLOWING MUST BE ADHERED TO\*\*\*

- No alcohol, drugs or firearms allowed.
- Selling of raffle tickets or any materials will not be allowed.
- Each applicant will be allowed two (2) passes to maintain table. If anymore help is needed they will need to pay their own admission fee. When a person leaves for the day they will be responsible to see that their replacement receives the pass they were given.
- Each table is responsible for the conduct of his/her children. This is a spiritual event, lets be responsible.
- The powwow committee is not responsible for any accidents, injury, or theft.
- Tables must be manned at all times. If not, security will take it down.
- The powwow committee reserves the right to refuse any application/contract.

NAME OF GROUP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please provide a brief description of your table: \_\_\_\_\_

\_\_\_\_\_

Please list all persons that will be helping at your table, remember there will only be (2) passes for your group: \_\_\_\_\_

\_\_\_\_\_

The Midnight Sun Intertribal Powwow Council will consider your request and contact you as soon as possible about your application. Your signature signifies that you have read and accepted the conditions of this application/contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (907) 456-2245 / Fax: (907) 452-8164

[www.midnightsunpowwow.net](http://www.midnightsunpowwow.net)

**TAX ID # 83-0380855**