ain, Robstown, TX (361) 387-3554, I Probstownutilitie	AM-10PN (78380 Ext 118 es.com	
	No Electricity	<b>Electricity</b> (2 boxes – 20 amp each plug
	\$35.00	\$55.00
X \$10		
TOTAL DUE	\$	\$
Item 4		
Item 5		
I		
	., 2023, 10 ain, Robstown, TX (361) 387-3554, 1 Probstownutilitie RINT ALL INFORM City, State, 1 City, State, 1 X \$10 X \$10 TOTAL DUE Item 3 Item 4	X \$10 TOTAL DUE \$ *Additional Food Items: Item 3 Item 4

MONEY ORDER OR CREDIT CARD ONLY.

Payable to: Cotton Community Partnership, P. O. Box 872, Robstown, TX 78380

## **DEADLINE: Until all spaces are filled.**

- Refunds will be given 15 days before the day of the event. No refunds after.
- > There will be no table/chairs available on site. You are welcome to bring your own lawn chairs.
- Cotton Community Partnership reserves the right to prohibit the sale of any carnival trinkets or fireworks.
- Vendor is responsible for obtaining Health Permit. Contact Robstown Inspections Dept. at 361-387-4589, Option 3.
- No Political Candidate Booths will be allowed at this event.  $\geq$

General Release and Hold Harmless Agreement: I, the undersigned do herby release CCP, The City of Robstown, and Nueces County, from all claims, demands, suits, causes of action or judgments which I ever had, now have, or claim to have against CCP, City of Robstown and Nueces County, their agents, and/or employees, arising out of or in any way connected with Cottonfest 2023, for all personal injuries, known or unknown, property damage or claims for wrongful death, caused by the acts, omissions or negligence of the above named agencies, their agents, and/or employees. I agree to abide by any regulations or reasonable request published by or asked by CCP, City of Robstown and Nueces County. I understand noncompliance with any regulation or reasonable request published by or asked by CCP, City of Robstown and Nueces County may result in non-participation in Cottonfest 2023 and the removal of my person, property, employees, and effects there from. I have read and executed this document with full knowledge of its significance.

Company or Individual Name:

Signature:	
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CCP Representative: \_\_\_\_\_

Date: