



Cabrillo College  
 Welcome & Information Center  
 6500 Soquel Drive, Aptos, CA 95060  
 (831) 479-6378

REQUEST # _____ (Staff Initials & Dates) _____
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## Campus Use Request Form for Vendors

- Small Business/Sole Proprietor-\$50 per space   
  Large Business/Corporation-\$100 per space  
 Non-Profit-No Sales

**VENDOR SPACES**

Vendor spaces are approximately 12' x 12'. Each space is numbered. See map.  
 You have paid for and have been assigned to space number(s) \_\_\_\_\_  
***You must stay within the parameters of your assigned space number.***

Organization and Representative Name (Print): \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I. Use of space(s) may be restricted to a limited number of days based on other campus activities and space limitations as determined by the Dean of Student Services. Any required fees must be paid prior to the scheduled event. Checks should be made payable to Cabrillo College Student Affairs and credit cards are not accepted, but cash is. Fees are non-refundable. Any credits given must be used before the end of the current semester. Otherwise, fees will be forfeited.

II. You must check in at the Welcome & Information Center on the date of the scheduled event BEFORE any set-up occurs. You will be directed to an approved vending area and given a map. Please find the contract online at [www.cabrillo.edu/](http://www.cabrillo.edu/) under "Student Affairs Forms".

III. Vendors may request a table, however chairs are not provided.

IV. Vendors must re-register every week an undated liability form.

Signed contracts must be completed and approved at the Welcome and Information Center one day before the day the event takes place. For contract and details please view [www.cabrillo.edu/](http://www.cabrillo.edu/) under "Student Affairs Forms". Contracts can be emailed to [kiflock@cabrillo.edu](mailto:kiflock@cabrillo.edu) or turned into the Welcome & Information Center in SAC East, Bldg 200.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Affairs Authorization \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only**

Amount Received: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check Number: \_\_\_\_\_

Request Number: \_\_\_\_\_



Cabrillo Community College District

**Participant Liability Release Form**

Activity/Event: \_\_\_\_\_

Name of Organization \_\_\_\_\_

Name of Vendor/Petitioner \_\_\_\_\_

Date(s) of Activity/Event: \_\_\_\_\_

*This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned further agrees to abide by all of the rules and regulations endorsed by Cabrillo College.*



In signing below, I assume all risk of harm or injury which may occur as a result of participating in the above-named event or activity. I hereby release the Cabrillo Community College District, its board, officers, employees, and/or agents from any liability, costs and damages resulting from my participation.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date