



**SAINT MICHAEL SCHOOL  
MAY DAY EXTRAVAGANZA  
VENDOR INFORMATION & APPLICATION  
SATURDAY, MAY 2, 2020  
8:00 a.m. – 1:00 p.m.**

A \$30.00 deposit is required to reserve a space at the Saint Michael School May Day Extravaganza. The deposit will be non-refundable and considered a donation to Saint Michael School

There are only 2 spaces available for hot food vendors. Please contact Dallas Carter or Kainoa Fukumoto at 808-637-7772 for information on how to secure your hot food vendor spot.

Deadline to submit applications will be **Friday, April 24, 2020**. Applications will be accepted in the order received. The donation must accompany the application in order to be accepted. Applicant will be responsible for any returned check fees and a booth space will not be assigned until deposit and fees are received. Late application will be considered if space is available.

Booths will be assigned upon receipt of application and donation. Booth assignments will be made based on the order received. Although we will make our best effort to accommodate any special requests, we cannot guarantee that all requests for specific spaces will be granted. A draft diagram is attached; however, we reserve the right to adjust as necessary.

We have the right to refuse any application. You will be notified by phone or email whether your application is accepted.

**By submitting your application for the Saint Michael School Christmas Extravaganza, you agree to the following:**

- Food and crafts may begin setting up at 7:00 a.m. on the day of the event.
- Vendors must supply their own tent, table, tablecloths, chairs & other supplies.
- Vendors are responsible for keeping their area tidy and for clean-up of their area.
- Allow Saint Michael School to reference your participation on its social media accounts.
- Applicant shall indemnify, defend and forever hold St. Michael, its officers, employees and agents harmless from and against any claims and actions for personal injury, death, property damage or legal damage which may be sustained by Applicant as a result of or in connection with Applicant's involvement in the referenced activity, together with any loss, cost, or expense, including without limitation, court costs and attorney's fees which St. Michael may sustain as a result thereof, including without limitation, claims by Applicant's own employees against St. Michael.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign forms and return with deposit to:  
St. Michael School ▪ 67-340 Haona Street ▪ Waiialua, HI 96791  
ATTN: MAY DAY EXTRAVAGANZA – Grace Kikuchi

If you have any questions, feel free to contact Grace Kikuchi at [fundraising@stmichaelschoolhi.net](mailto:fundraising@stmichaelschoolhi.net)



**SAINT MICHAEL SCHOOL CRAFT FAIR  
MAY DAY EXTRAVAGANZA  
VENDOR INFORMATION & APPLICATION  
SATURDAY, MAY 2, 2020  
8:00 a.m. – 1:00 p.m.**

Name of Vendor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please check ONE:

FOOD BOOTH VENDOR: \_\_\_\_\_ CRAFT VENDOR: \_\_\_\_\_

Description of product(s) to be sold at event:

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Please sign forms and return with deposit to:  
St. Michael School ▪ 67-340 Haona Street ▪ Wai'alu, HI 96791  
ATTN: MAY DAY – Grace Kikuchi

**Please make all checks payable to: St. Michael School**  
Thank you in advance for your contribution and support in our event!!!

TO BE USED BY OFFICE STAFF:

Date payment received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \$\_\_\_\_\_

Method of payment (Cash, Check No., Credit Card): \_\_\_\_\_ Assigned booth #: \_\_\_\_\_



**SAINT MICHAEL PARISH  
ADULT HOLD HARMLESS/INDEMNITY AGREEMENT**

PARISH: Saint Michael

PARISH is understood to include the Diocese/Archdiocese of Honolulu

ACTIVITY PARTICIPANT OR FACILITY USER:  
\_\_\_\_\_

DATES OF ACTIVITY OR USAGE: May 2, 2020

TYPE OF ACTIVITY OR USAGE: MAY DAY EXTRAVAGANZA

The above named **ACTIVITY PARTICIPANT OR FACILITY USER AGREES** to defend, protect, indemnify and hold harmless the above named **PARISH** against and from all claims arising from the negligence or fault of the above named **ACTIVITY PARTICIPANT OR FACILITY USER** or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named **ACTIVITY OR USAGE** at the above named **PARISH**.

Additionally, the above named **ACTIVITY PARTICIPANT OR FACILITY USER** agrees to protect, defend, hold harmless and fully indemnify the above named **PARISH** for any claim or cause of action whatsoever arising out of the above mentioned **ACTIVITY OR USAGE** which takes place during the above identified **DATE(S) OF ACTIVITY OR USAGE** that is brought against the **PARISH** by the above named **ACTIVITY PARTICIPANT OR FACILITY USER** or their family members whether such claim arises from the alleged negligence of the **PARISH**, its employees or agents or **ACTIVITY PARTICIPANT** or **FACILITY USER'S** negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (please print): \_\_\_\_\_