



**2017 HEAL ZOO WALK Vendor Application Form**  
**All Vendors must provide an activity for children**

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

Business Name (if different): \_\_\_\_\_

Day of Event Staff: \_\_\_\_\_  
(2 people per table)

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

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

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

Mobile Phone for contact on April 30th: \_\_\_\_\_

Type of product/information you will be displaying: \_\_\_\_\_

Activity for kids\*: \_\_\_\_\_

(\*Activity ideas include face painting, games, coloring pages, art projects or crafts)

Please send your application with a check for \$200 to HEAL at:  
PO Box 140, Ponte Vedra FL 32004

**Vendors must be set-up on the Zoo's Great Lawn by 8:30 AM. Teardown is at 11:30 AM.**

Liability Waiver

*By participating in this event, the exhibitor agrees to indemnify and hold harmless the HEAL Foundation Inc, their board members, employees, sponsors, from any and all liability for damage or loss.*

*The vendor understands that they are an independent party and is solely responsible for their space and operation.*

X

\_\_\_\_\_  
(Signature of Legal Representative)

A COPY OF THE OFFICIAL REGISTRATION (CH34176) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

PO Box 140 ~ Ponte Vedra Beach, FL 32004

Phone: 904.716.4198 ~ [www.HealAutismNow.org](http://www.HealAutismNow.org)

HEAL is a 501 (c) (3) non-profit organization TAXID # 20-1944817