



Application for Information Table

Sunday, April 27th, 2025



This application will assist us in providing a variety of organizations and services for families who have children with special needs. Tables are assigned on a first-in/first-served basis. Per West Covina Fire Department Code Permit, we need to inform of any Promotional items or giveaways being distributed at all tables. If you can kindly list the items on the vendor table application form, we would greatly appreciate it.

Name/Organization: _____

Address: _____

City/State, Zip Code: _____

Telephone #: _____ **Fax #:** _____

Contact Person: _____ **Tel: #:** _____

Business Email: _____

Brief description of Organization and Giveaway Items: _____

SPACE IS LIMITED-YOU WILL BE NOTIFIED IF YOUR APPLICATION IS ACCEPTED

Each organization is provided with **one half of a table**, under a canopy. **Please note:** We will advise You of your table location prior to the fair. Contact Our staff if you need to request a location change. **No changes will be made on the day of the fair.**

There is **NO CHARGE** for a table, instead we kindly Suggest a donation of \$50, to help us offset the Cost of the event.

The San Gabriel/Pomona
PARENTS' PLACE
1500 S. Hyacinth Ave, Suite B
West Covina, CA 91791-3824
Office (626) 919-1091 Fax (626) 919-2784

DEADLINE FOR APPLICATION is Friday,
April 11th. PLEASE E-MAIL OR FAX
APPLICATION.
julieannat@parentsplacefrc.com

For more information on the 30TH ANNUAL INFORMATION FAIR & FESTIVAL or services provided by PARENTS' PLACE, please call (626) 919-1091

DONATIONS/VOLUNTEERS — Generous support from the community has allowed us to provide a quality Fair. If you would like to volunteer or donate in addition to having a table, please check the appropriate box below.

Volunteer:

- 10:30 a.m. **Saturday** Loading Truck at Parents Place 1500 S. Hyacinth Ave, Suite B, West Covina, CA 91791-3824
- 7:00 p.m. **Saturday** Pre-Cleanup at Park
- 7:00 a.m. **Sunday** Set-up at Park
- 4:00 p.m.-6:00 p.m. **Sunday** Clean-up
- 5:30:00pm-7:45pm **Sunday** Unload Truck at Parents' Place at **1500 S. Hyacinth Ave, Suite B West Covina, CA 91791-3824**

Donate:

- Food \$ _____
- Supplies _____
- Money \$ _____
- Water Bottles \$ _____

Sponsor:

- Moon Bounce (\$250) 4 needed.
- Popcorn Machine (\$150) 4 needed.
- Costumed Characters (\$300)
- Snow Cone Machine (\$200) 4 needed.
- Cotton Candy (\$300).
- Sponsor a craft or project for the children during the Fair (\$150)
- Helium tank (\$1,000)
- ADA Port-a-Toilet (\$800) 2 needed.
- Generator (\$150) 7 needed.
- Sound System DJ-(\$800)
- 20X20 Tent (\$400 each)
- Print logo/reusable bag (\$250) (3000 bags needed).



**The San Gabriel/Pomona
PARENTS' PLACE
Family Resource & Empowerment Center
Non-Profit 501 (c) (3) Tax ID 95-4620243**

1500 S Hyacinth Avenue, Suite B
West Covina, California 91791-3832
Office: (626) 919-1091
Fax: (626) 919-2784
Email: empower@parentsplacefrc.com

**SAN GABRIEL/POMONA PARENTS' PLACE &
CITY OF WEST COVINA
HOLD HARMLESS/INDEMNIFICATION AGREEMENT**

The undersigned table applicant agrees to and shall indemnify, defend and hold harmless the San Gabriel/Pomona PARENTS' PLACE and CITY OF WEST COVINA, its agents, officers, elected and appointed officials, employees and volunteers against any legal proceeding in law or equity, and further shall indemnify, defend, and hold harmless the San Gabriel/Pomona PARENTS' PLACE and CITY OF WEST COVINA, its agents, officers, elected and appointed officials, employees and volunteers from and against any and all claims, liabilities, demands, suits, judgments, expenses, costs, and other legal expenses of every kind to which the San Gabriel/Pomona PARENTS' PLACE and CITY OF WEST COVINA may be subject by reason of any act or omission, whether intentional or negligent, or from strict liability, arising from the conduct of any participant, invitee, attendee, sponsor or any third person who is or is not an invitee, attendee, participant, or sponsor of the event.

Event: Information Fair & Festival

Date (s) of Event: Sunday, April 27, 2025

Agency: _____

_____ Name/Title (please print)	_____ Signature	_____ Date
_____ Name/Title (Please print)	_____ Signature	_____ Date
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