



22nd ANNUAL
BURROWING OWL FESTIVAL
 Wildlife and Environmental Exposition
Saturday, February 24, 2024 10 a.m. to 4 p.m.
 ROTARY PARK ENVIRONMENTAL CENTER
 5505 Rose Garden Road
 Cape Coral, FL 33914
www.ccfriendsofwildlife.org

Sponsored by Cape Coral Friends of Wildlife and
 Cape Coral Parks & Recreation

2024 VENDOR ENTRY FORM

Fee: \$60 if received by 11/15/2023 (the fee is per table and is non-refundable)

Fee: \$100 if received on or after 11/16/2023 (the fee is per table and is non-refundable)

Business Name: (Print) _____

Contact Person: (Print) _____

Phone: _____ Email: (Print) _____

Address: _____

Describe your display _____

Number of vehicles (limit 2): _____ Number of people: _____ Number of live animals: _____

Do you have any special needs: (ADA access, service dog, etc.) _____

You will be assigned 1 table (8'x30") under one of the tents.

If you request more than one table, specify the **total** number of tables: _____ (Include additional fee)

Requests may be denied due to limited space.

Vendors must bring their own chairs and table coverings.

There is no electricity provided.

Set up starts at 7:15 a.m. and must be completed by 9:15 a.m.

No vehicles will be allowed on or off the festival grounds between 9:15 a.m. – 4:00 p.m., plan accordingly.

There is a 10' height limit for all vehicles due to the entry arch. If you need alternate access check here _____

You will be emailed your tent/table assignment approximately one week prior to the event.

Please note that it is customary for vendors to donate an item to the CCFW auction.

Please email a description/value of your auction item or any inquiries to rotaryparkinfo@capecoral.gov

Send this completed form with a check made payable to the Cape Coral Friends of Wildlife to:

Rotary Park Environmental Center
 5505 Rose Garden Road
 Cape Coral FL 33914

Hold Harmless Release Form:

In participation in this event, I accept any risk and I hereby agree, for myself, my heirs, executors, and assigns, do waive, release, and hold harmless the City of Cape Coral, all event sponsors, all officers, directors, staff, and members of said organizations, their respective employees and agents and any other entities and individuals who are in any way connected with this event, including volunteers assisting with the event from all claims or causes of action for damages or personal injury suffered by me while participating in this event. Whether known or unknown, I understand that I am assuming the risk for any damage, illness, or injury to my property or person that I may sustain while participating in this event. If I should suffer any injury or illness, I authorize the employees of the Cape Coral Parks and Recreation Department to use discretion to have me transported to a medical facility and I take full responsibility for such action. I hereby authorize the use of any photographs, video, pictures or other material related to the event for publicity, promotion, or news purposes.

Date: _____ Signature: _____

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