

# 9TH ANNUAL MAI TAI MARKETPLACE

**PART OF THE 9TH ANNUAL**

**DON THE BEACHCOMBER MAI TAI FESTIVAL**

**AUGUST 19, 2017**

**ROYAL KONA RESORT**

**11:00 AM-4:00PM**

Set up at 8:30am, Tear down at 4pm. Please weigh down tents. Vendors Responsible for proper insurance and health forms as required by the State of Hawaii and/or the Royal Kona Resort.

**Event is free and open to Public!**

**Scrip Sales for Food and Beverage Purchases.**



## **REGISTRATION FORM:**

Please complete this form and send with registration fee (\$40), appropriate insurance certificates, health department permits (if applicable) to:

MAI TAI MARKETPLACE (Make checks payable to Royal Kona Resort)

Royal Kona Resort – **ATTN: JUDY GOTO**

75-5852 Ali'i Drive

Kailua-Kona, HI 96740

Please Print or Type:

Business Owners

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

Business Owners Home

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

Business Owners Cell

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

Company

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

Mailing

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

City, State,

Zip: \_\_\_\_\_

E-mail

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

Items/Produce you

make/sell: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The vendor agrees to indemnify and hold harmless Hawaiian Hotels & Resorts and Royal Kona Resort and its representatives/agents from and against all liability, claims, demands, losses, damages, levies and causes of action or suits of any nature whatsoever, arising out of or related to the applicants activities at the Mai Tai Marketplace. **I have read the Mai Tai Marketplace rules and by my signature below I accept and agree by the conditions outlined therein.**

Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_ Amount

Paid: \_\_\_\_\_

Information/Questions please contact Liz Bell at 808-344-2441 or [liz@hawaiianhotels.com](mailto:liz@hawaiianhotels.com)