



PRODUCT VENDOR REGISTRATION PACKET

EVENT TITLE:

5TH ANNUAL A DAY IN THE PARK SICKLE CELL DISEASE EDUCATION AWARENESS & BLOOD DRIVE 2026

EVENT DETAILS

DATE: April 18th, 2026
TIME: 11AM - 4PM
SETUP TIME: 10 AM
LOCATION: CRAIG RANCH REGIONAL PARK - GARDEN PLAZA
658 W. Craig Road, North Las Vegas, NV 89032

POINTS OF CONTACT - EVENT:

Cheryl Wiley, Event Consultant
Email: cheryl.wiley.btg@gmail.com
Phone: (702) 845-2188

POINT OF CONTACT - ORGANIZATION:

Pamela White, CEO / Executive Director
Las Vegas, NV 89115
Email: pam.white.btg@gmail.com
Phone: (702) 273-6751



PRODUCT VENDOR REGISTRATION FORM

Business Name: _____

Contact Name: _____ Title: _____

Contact Email: _____ Contact Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

PRODUCT DESCRIPTION:

(All Vendors are responsible for their setup, breakdown, and all items required)

ARTISTIC/CRAFT: _____

(identify the type of craft)

SERVICES: _____

(Identify the services being offered)

FOOD TYPE: _____

Food & Food Truck vendors – must register and comply with the Southern Nevada Health Department regulations, no later than 2 weeks before the event. Failure to do so may result in extra inspections, and any costs associated with an extra inspection will be passed on to the food vendor. Must also complete and return the included food truck vendor information form.

Payment is required upon Registration to reserve your space.

Fee: \$50 per Space

_____ Space(s) @ \$50 each

Electronic Payment Methods:

_____ Cash App – \$BridgingTheGapASCD _____ Zelle – 702.266.4008 (Bridging The Gap)

MUST COMPLETE & RETURN the following included forms: Product Vendor Registration Form and Release of Liability Form to:

[Cheryl Wiley at cheryl.wiley.btg@gmail.com](mailto:cheryl.wiley.btg@gmail.com)

A confirmation email will be sent upon receipt of the required forms.

_____ Please acknowledge that you have received, read, and will comply with the vendor terms and conditions included in this registration packet.

Signature

Printed Name

Date



RELEASE OF LIABILITY FORM

In consideration of my participation in **BTG's 5th Annual A Day In The Park – Sickle Cell Disease Education, Awareness & Blood Drive**, on behalf of myself and my heirs, spouse, legal representatives, devisees, legatees, executors, administrators, successors, and assignees, I hereby waive, release and forever discharge any and all rights and claims for damages which I have, or may have, or which may hereafter occur, to me against BTG all counties, special districts, and properties through or upon which the BTG Event will be held; or against its, or their, respective officers, employees, agents, representatives, successors, directors, members, promoters, sponsors, advertisers, owners and any other parties who may have liability to the Releasor(s) and/or assigns for any and all injuries or damages, which may be sustained or suffered by me or by other persons in connection with my association, with or participation in and/or arising out of my traveling to or from the event.

I verify that I have full knowledge of the risks involved in this event; and I hereby assume all risks, known or unknown, foreseeable, or unforeseeable, patent or latent, that exist or may exist in connection with this event. I also hereby permit the use of my name, likeness, image, picture, or other representation in any broadcast, telecast, print media account, or marketing of the Event.

Business Name: _____

Authorize Signature: _____

Printed Name: _____

Date: _____

Printed Contact Name: _____

Contact Number: _____