



**ADULT SICKLE CELL DISEASE FOUNDATION  
OF NEVADA**

## **VENDOR REGISTRATION PACKET /**

### **EVENT TITLE:**

**4<sup>TH</sup> ANNUAL A DAY IN THE PARK -  
SICKLE CELL DISEASE EDUCATION,  
AWARENESS, AND BLOOD DRIVE 2025**

#### **EVENT DETAILS**

**DATE:** April 5<sup>th</sup>, 2025  
**TIME:** 11AM - 4PM  
**SETUP TIME:** 10 AM - 11 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](mailto: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](mailto:pam.white.btg@gmail.com)  
**Phone:** (702) 273-6751



# 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.

## Space Requested:

\_\_\_\_\_ Space(s) @

**MUST COMPLETE & RETURN the following included forms: Vendor Registration Form; Food Truck Vendor Information Form (if applicable); 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



# FOOD TRUCK VENDOR INFORMATION FORM

## EVENT TITLE:

**A DAY IN THE PARK - SICKLE CELL DISEASE EDUCATION,  
AWARENESS, AND BLOOD DRIVE**

**This form must be completed by all Food Vendors and submitted with your Application**

Pursuant to Southern Nevada Health District regulations, all Point-of-Sale Vendors are required to submit a Temporary Food Establishment Application for a Special Event, except currently permitted Annual Itinerants and Mobile Vendors.

TFE = Temporary Food Establishment  
AI = Annual Itinerant  
MV = Mobile Vendor

**Business Name:** \_\_\_\_\_

**PR # (AI or MV):** \_\_\_\_\_

**Type of Permit:** \_\_\_\_\_  
(TFE, AI, or MV)

**Phone Number:** \_\_\_\_\_

**Food/Beverage Served or Sold:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Note:** Southern Nevada Health **District** personnel will be on-site the morning of the Event to conduct inspections of all Food Vendors.



## RELEASE OF LIABILITY FORM

In consideration of my participation in **BTG's 4th 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: \_\_\_\_\_