

Blaine Chamber of Commerce  
**2023 Drayton Harbor Maritime Festival**  
Street Fair & Maritime Celebration

August 5 & 6, 2023 10:00 am – 5:00 pm  
**Vendor Application**

Check in & set up 7 am – 10 am. Food vendors must be set up by 9:30 am. This is an outdoor event – bring your own canopy, tables, chairs extension cord etc.

**Event location: I-5 Exit # 276, 235 Marine Drive at the Blaine Marina.**

Complete & return form with payment to: Blaine Chamber of Commerce, 546 Peace Portal Drive, Blaine, WA 98230. 360-332-6484 [info@blainechamber.com](mailto:info@blainechamber.com)

Deadline: July21, 2023

Detach and return -----

**Drayton Harbor Maritime Festival**  
**August 5 & 6, 2023**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Product / Service \_\_\_\_\_

# of 10X10 Food Booths @ \$45	_____ = \$ _____	
# of 10 X10 Craft/Commercial Booths @ \$40	_____ = \$ _____	
# of 10X10 Non Profit Booths @ \$10	_____ = \$ _____	
Power Outlet (110 only) @ \$5	_____ = \$ _____	= Total \$ _____

Please sign below:

I, the undersigned and any other persons helping in my booth/concession, hereby agree to hold harmless the Blaine Chamber of Commerce, the City of Blaine, Port of Bellingham, their agents, or any other person, place or thing, fictitious or real, against any breakage, damage to goods, the weather, acts of God, illness, accident, theft, fire or any other claim I may make against any or all of the heretofore mentioned persons, places or things involved when participating in the Drayton Harbor Maritime Festival. It is agreed I will collect and pay my own Washington State Sales Tax, if applicable, and I assume all liabilities while marketing my wares. If a food vendor, I will comply with Whatcom County health regulations and obtain a permit.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Special Requests or Requirements: \_\_\_\_\_

Please signify if participating bothdays or one day only: Saturday \_\_\_ Sunday \_\_\_  
(Booth space cost covers one day or both days)

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Credit Card Payment – Visa or MasterCard:

Name \_\_\_\_\_ Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Zip Code \_\_\_\_\_