



2021
James Family Prescott YMCA
Whiskey Row Marathon
Sports/Business Expo Application



Friday, Oct 8, 2021, 3:00pm-8:00pm, Prescott YMCA Gymnasium
 Saturday, Oct 9, 2021, 7:00am-12:00pm, Mile High School Football Field

Organization / Business: _____

Contact Person: _____

Mailing Address: _____

City / State / Zip _____

Email _____

Website _____

Phones: _____ Phone during Event: _____

List of Items you plan to sell at the Expo: (Pre-made samples are ok but food and beverages sales require pre-approval, permitting fees & paperwork on file with Yavapai County Health Department) _____

*All exhibitors/sponsors are responsible for their own table, chairs, tent, banners, etc.
 A pop-up tent is recommended for outdoors Saturday
 Booth Size: 10 x 15*

Applications must be received by Sept 8, 2021

Non-Profit Booth: \$70.00 Friday \$70.00 Saturday (circle days)
 Business Booth: \$110.00 Friday \$110.00 Saturday (circle days)

"Community" (\$5,000) Sponsor:	Free Booth	Friday	(circle if attending)
"Community" (\$5,000) Sponsor:	Free Booth	Saturday	(circle if attending)
"Family" (\$2,500) Sponsor:	Free Booth	Saturday	(circle if attending)
"Youth" (\$1,250) Sponsor:	Free Booth	Saturday	(circle if attending)

Total Enclosed \$ _____

Thank you so much for choosing to participate in the 10th Annual Whiskey Row Marathon Sports / Business Expo. Feel free to contact us with any questions, information or suggestions regarding the Expo and we will be happy to assist you.

I certify that I have read and understand "Exhibitor Regulations & Information" for the Whiskey Row Marathon Expo.

In consideration of my participation in the James Family Prescott YMCA Whiskey Row Marathon Events, I do hereby agree to hold free from all liability the James Family Prescott YMCA, Prescott Downtown Partnership, Yavapai County, its respective officers, employees and members and do hereby for myself, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have hereafter accrue to me arising out of or connected with my participation in any activities related to the Whiskey Row Marathon Races or Expo. In case of accident, injury or illness I hereby authorize the Whiskey Row Marathon staff and / or volunteers to secure medical treatment as deemed necessary by medical professionals, at my expense, including transportation to the hospital. While participating in the Marathon Expo, the James Family Prescott YMCA and /or race entities has permission to photograph or video me for publicity purposes.

I understand that NO REFUNDS, TRANSFERS OR CREDITS will be issued and that the Race and Expo will be run regardless of weather.

Printed Name _____

Signature _____

Date _____

Please return this completed form along with your check for payment to:

James Family Prescott YMCA
Attn: Whiskey Row Marathon Race Director
750 Whipple Street
Prescott, AZ 86301

For more information contact:

Jaime DeJoseph, Race Director jaime.dejoseph@prescottymca.org 928-445-7221 x233