

CULTURE DISPLAY APPLICATION

Please Print!

Contact Person's Name: _____

Organizations' Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Optional Phone (work OR cell): _____

Contact Email: _____ Fax: _____

Organization Website**: _____

** for promotional purposes, the Brazos Valley Worldfest can put a link to your organizations website on the official festival site. By listing your website above, you authorize the festival to create this link and ensure you are willing to put a link to the Brazos Valley Worldfest on your site as well. An electronic logo will be provided to you for this purpose.

Agreement:

I, the undersigned, wish to participate in the Brazos Valley Worldfest and I have read and agree to abide by the festival rules as listed in this document. I am also aware and agree to have my booth and volunteers working the booth photos taken for promotional materials.

As representative of the group/organization named on this form, I also acknowledge responsibility for any loss or damage to people or property caused by anyone we enlist to help with our booth during the festival, and further release the Brazos Valley Worldfest Committee, its agents and festival staff/volunteers, Texas A&M University and the City of College Station and its employees held harmless concerning my organization or volunteers resulting from events at the festival.

Organization Represented: _____

Official Signature: _____ Date: _____

Return application, check & co-worker list to:

Brazos Valley International Festival
c/o Ms. Kim Fox
TAMU International Outreach
1245 TAMU
College Station, TX 77843-1245
Phone: 979-862-6700
Fax: 979-862-6705
Email: kfox@tamu.edu

Co-worker List

Names of Co-workers who will help you at the booth:

Must be turned in at check-in on the day of the event. Please include all information. It will not be sold to any third party and will only be used by the Brazos Valley Worldfest organization.

Co-worker #1

Name: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Optional Phone (work OR cell): _____
Email: _____

Co-worker #2

Name: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Optional Phone (work OR cell): _____
Email: _____

Co-worker #3

Name: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Optional Phone (work OR cell): _____
Email: _____

Co-worker #4

Name: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Optional Phone (work OR cell): _____
Email: _____

Co-worker #5

Name: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Optional Phone (work OR cell): _____
Email: _____

Co-worker #6

Name: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Optional Phone (work OR cell): _____
Email: _____

Co-worker #7

Name: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Optional Phone (work OR cell): _____
Email: _____

**** Print additional pages as needed ****