



PARTNERSHIP APPLICATION

PARTNERSHIP INFORMATION

BUSINESS/ORGANIZATION NAME

CONTACT PERSON

MAILING ADDRESS

CITY

STATE

ZIP

____-____

TELEPHONE

(____)____-____

FAX

(____)____-____

E-MAIL ADDRESS

PARTNERSHIP AGREEMENT

By submitting this application to RAINBOWS FESTIVAL, LLC (RF), the applicant (PARTNER) states that they have received, read, understand and agree to comply with the provisions, policies and procedures as set forth by RF in this "agreement" as well as the "information and guidelines" enclosed. The PARTNER also states that the person signing this agreement is legally authorized by their organization and/or business to enter into this agreement.

I agree to comply with all directions, schedules and rules set forth by the authorized representatives of RF, and to release RF from any and all liability for injury and damage that may occur during the Rainbows Festival.

SIGNATURE

____/____/____
DATE

NAME PRINTED

TITLE

PARTNERSHIP LEVEL

PRESENTING

RAINBOW

STREET