



**Coulee Medical Center  
Gathering of Wellness Powwow & Health Fair  
Vendor Registration Form**



**Event Date:** September 19<sup>th</sup>, 2024 (Thursday)

**Setup:** 7:00 am – 9:00 am

**Location:** Coulee Medical Center

**Activity:** 9:00 am – 2:30 pm

411 Fortuyn Road

**Tear Down:** 2:30 pm – 4 pm

Grand Coulee, WA 99133

**All Vendor Spacing:** 12' x 12' (NO CHARGE)

**You must check in with powwow committee upon arrival for your space assignment.**

**ALL VENDORS:** All vendors are welcome. All vendors are responsible for providing their own tables, chairs, shade coverings, generators, and any other items needed for their space. No power or water hook ups will be available.

**NO GUNS, KNIVES, DRUGS, ALCOHOL, OR ANY OFFENSIVE ITEMS ARE ALLOWED.**

**FOOD VENDORS:**

- A temporary food vendor license issued by the Grant County Washington Health District is mandatory if you are vending food. If you do not currently have this, please follow the instructions below.
- **Complete and return the Temporary Food Service Application along with the fee** to the address listed on the form. You can find this at [granthealth.org/food-application/](http://granthealth.org/food-application/). This must be received by Grant County Health District **at least TEN (10) working days before the event**. If you have any questions about health permits, contact them at (509) 766-7960 (dial 0 for the operator and ask about a “Temporary Food Service Application”)

**Questions?** Contact the Powwow Committee at 509-633-6341 or [cmcpowwow@cmccares.org](mailto:cmcpowwow@cmccares.org).

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**PLEASE COMPLETE THE BOTTOM HALF OF THIS FORM AND RETURN BY SEPTEMBER 9<sup>TH</sup>, 2024.**

I agree to hold harmless Coulee Medical Center for any injuries to persons, loss of life, or lost/stolen/ damaged property during the course of the Gathering of Wellness. I understand that I will be held responsible for my own booth space, garbage, and cleanup, and that no setup is allowed until 7am on September 19<sup>th</sup>.

Print Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Spaces Needed: \_\_\_\_\_ Type:  Health/Wellness  Food  
 Arts/Crafts  Other

Brief description of the items that you will be selling or handing out at your booth:

\_\_\_\_\_  
\_\_\_\_\_

*Signature*

*Date*