

KAMC

KINGMAN AREA METH COALITION

2730 E. Andy Devine Ave. Kingman, AZ 86401
928-753-8335

July 28, 2025

To Whom it May Concern,

You are cordially invited, and enthusiastically encouraged, to set up a vendor table for the 19th Annual Walk Away from Drugs and Keep Kingman Safe event to be held on Wednesday, October 15, 2025 at Centennial Park.

Vendors are encouraged to bring informational materials and handouts for the event participants. We kindly ask that if you have an activity, you request additional space in advance and ensure that the activity does not obstruct the flow of traffic. Additionally, we ask that you please bring the tables and chairs that you will need, pop up canopies are not allowed. Registration is **required** and will need to be submitted before Wednesday, October 8, 2025. Set up may begin as early as 4:00 PM on the day of the event and there will be volunteers in the park to assist you. **All volunteers will be required to check in to gain access to the field, please send a list of anticipated volunteers.**

We have updated the layout for the event, and a copy of the new layout is attached for your reference. The new layout will provide for additional vendor spacing.

Please complete attached form and return it to: Suzanne Clark at kaapsuzanne@gmail.com

If you have any additional questions, please feel free to contact us.

Best regards,

Suzanne Clarke

Meth Coalition Board

KAMC

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VENDOR REGISTRATION FORM

Name of Organization: _____

Name of Contact Person: _____

Contact Person Phone #: _____

Contact Person Email Address: _____

In an effort to better coordinate the park layout, we ask that you please answer the following questions about your vendor space:

of 12x12 Spaces Needed: _____ Do you need space for a game: _____
(Please note that tables and chairs are not provided.)

Name & Shirt Size of Volunteers:

_____	_____
_____	_____

(Each table vendor will receive 2 shirts. Each event sponsor will receive 4 shirts.)

What types of things will you be handing out? _____

Please return completed form to: kaapsuzanne@gmail.com