

**2016 VENDOR APPLICATION FORM**

**Important:** Sales exhibit days are January 29-31, 2016 at the Masonic Family Center, Chico, CA. Please read ***2016 Snow Goose Festival Vendor Guidelines*** before submitting this form.

Cell phone:

Webpage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization Name:

Contact Person:

Address:

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Selling Permit #\_\_\_\_\_\_\_\_\_\_\_\_\_ Products\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Exhibit**: We will have an 8’ X 18” table available for your sales exhibit, unless alternate arrangements are made. Space assignment will be made by Festival coordinators based on the information that you provide. The festival is open Saturday 9am-4pm and Sun 9am-3pm (check all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 8’ X 18” table |  | Alternate sales exhibit table request (explain below) |  | Free-Standing floor exhibit  (no table required) |
|  |  |  |  |  |  |
|  | Exhibit has displays on  both sides |  | Electricity Required |  | Need to be against a wall  (please list reason below) |

Special Needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will there be someone present? Yes \_\_ No\_\_  **Questions: email Prydelynn784@gmail.com**

Vendor fees:

|  |  |  |  |
| --- | --- | --- | --- |
|  | $100 (see Guidelines) |  | Sponsor (Tundra Swan $500 or higher sponsorship level)-free booth |

**Please sign below. send payment and completed registration form to**=

|  |  |  |
| --- | --- | --- |
| Snow Goose Festival  P.O. Box 1063  Chico, CA 95927  (See page 2) |  | Payment may be made by check, VISA or MasterCard.  Credit Card:  Payment may be made by check, VISA or Mastercard.  Credit Card=  Name on Card:  Card #: |
|  |  |  |
| Authorized Name (printed)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2016SGF-VendorApplication-Rev1.docx |  | Authorized signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  |  |  |
|  |  |  |