



Crafts Unlimited Boutique

Application ---Summer Show June 14 -16, 2012

Please Print

Date: _____ Cvr: _____

Name: _____ Partner: _____

Business Name: _____

Make Check Payable To: _____

Address: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Resale Number: _____

New Vendors Must Have A Copy Of A Valid Sellers Permit (Boe) On File With C.U.B.

If Any Of The Above Information Is New Please Highlight- Thank You!

If You Are A Returning Vendor And You Are Adding New Items To Your Line You Must Send In Pictures For Approval!

Booth Description: _____

Merchandise Description: _____

% Of Handcrafted Merchandise: _____

-Show Participation Fee-

One Sided Booth 3.50 Sq Foot Three Sided Booth \$4.50 Sq Foot Minimum Fee \$50.00

Examples -

4 X 8 One Sided Booth Or 4 X 8 3 Sided Booth

4 X 8 = 32 X 3.50 = \$ 112.00 4 X 8 = 32 X 4.50 = \$ 144.00

Space Size Requested Ft Wide By X Ft Depth (FILL IN THE BLANKS)

Electricity Needed? Yes / No Circle One

In Order To Have Electricity You Must Bring One 25 Foot Extension Cord A Surge Protector - All Cords Must Be UL Approved!

Calculate Fees X = X =

There Is No Guarantee Of A Walk Around Space!

Work Shifts

List 1st, 2nd, 3rd Choices

Thursday	--	9:30 - 1:30	1:00 - 5:00	4:30-8:30
Friday	--	9:30 - 1:30	1:00 - 5:00	4:30-8:30
Saturday	--	9:30 - 1:30	12:00 -4:00	2:30-6:30

We Will Do Our Best To Accommodate Your Choice But Please Note As Shifts Become Full We May Need To Give You Something Different.

List Any Limitations:

Are You Available For Extra Hours For Pay? Yes/ No

If So When

Please Make Careful Choices When Filling Out Your Work shift Obligations

A \$20.00 Fee Will Apply In Making Changes 7 Days Prior To Show - No Excuses!!!

If You Plan On Having Someone Other Than Yourself Working Your Shift -They Must Be Approved By C.U.B. First

Include Work Shift Fees With Your Show Payment. When Paying By Check Please Send A Separate Check For Each Show.

Checks Will Not Be Deposited Till 30 Days Before Show.

Please Make A Copy Of This For Your Records

Please Be Sure To Read And Sign The **Terms And Agreement Contract** And Return With Application And Payment-Applications Will Only Be Accepted If Filled Out Completely, Signed, Dated And Accompanied By Correct Fees

-Fees-

Booth Fee	\$	_____
Work shift Fee	\$	_____
Total Fees Due	\$	_____

Send Forms And Fees To:

Vicki Vicario Crafts Unlimited
29472 Mariners Way Lake Elsinore, Ca 92530
951-674-5623 Home 951-288-0317 Cell

Email- Crfts2004@Aol.Com Web Site-----Vickiscraftsunlimited.Com

Sign _____

Print Name _____

Date _____

Office Use Only-----

<u>Date Rec'd</u>	<u>Check #</u>
<u>Amount Due \$</u>	<u>Check Amount \$</u>
<u>Date Deposited</u>	<u>Refund</u>
<u>Reason</u>	<u>Cc Auth</u>
<u>Confirmation Sent</u>	<u>Terms And Cond</u>