

VENDOR APPLICATION FORM

Fair dates September 19th to 20th 2009

NAME OF EXHIBITOR _____

CONTACT PERSON _____

STREET ADDRESS _____ BOX NUMBER _____

CITY _____ POSTAL CODE _____

PHONE _____ FAX _____ E-MAIL _____

Space for vendor Outside 10 X10 Rental Fees per space (please check)

Non-Profit Not Selling (Information only) No charge

Non Profit Selling goods \$25.00 ____

Selling Items Personal profit \$50.00 ____

Will you be setting up booth/display Friday__ or Saturday morning before 8 a.m. _____

There is no electricity, no cover, no tables,

There is no camping facilities on the fair grounds.

PLEASE REMOVE ALL YOUR GARBAGE FROM THE GROUNDS.

Number of people in your booth____(two passes are included)extra passes \$1.00 each

Remittance:

Space: \$ _____

Passes: \$ _____

Total: \$ _____

Signature _____ Date _____

Pay by cheque or Money Order payable to

The Pass Creek Regional Exhibition

Mail to Box 99, Robson B. C., V0G 1X0.

Phone 250-365-7273 or 250-365-6885

Payment to accompany application.