

ROCKIN' AROUND THE HOLIDAY BAZAAR

NOVEMBER 14, 2015 9AM-4PM

Booth Registration Form

Registration opens August 3, 2015. All registration forms must be accompanied by signed Vendor information form, photos of items to be sold and/or links to websites to view items

Name: _____ Business Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Birthdate: _____
 Phone: _____ Email: _____
 Website: _____

Description of Items to be Sold (All Items Must be Listed):

PLEASE CHECK BOOTH OPTIONS AND ADDITIONAL SERVICES REQUESTED & TOTAL FEES:

*Additional \$10 for applications received after October 23. Limited supply for additional services available. Must be purchased in advance; No add-ons day of show. No electricity for outdoor booths. One complimentary lunch provided to each booth.

<u>Booth Options:</u>	<u>Additional Services:</u>	<u>Total Fees:</u>
<input type="checkbox"/> Indoor 10x10 \$60	<input type="checkbox"/> Electricity \$10	Total Booth: \$ _____
<input type="checkbox"/> Outdoor 10x10 \$55	<input type="checkbox"/> Corner Booth \$10	Total Addl. Services \$ _____
<input type="checkbox"/> Indoor 10x20 \$85	<input type="checkbox"/> Table (x _____) \$5/ea.	Grand Total: \$ _____
<input type="checkbox"/> Outdoor 10x20 \$80	<input type="checkbox"/> Chair (x _____) \$2/ea.	
	<input type="checkbox"/> Additional Lunch (x _____) \$5/ea.	

PAYMENT INFORMATION:

Method of Payment:
 Cash Check # _____ *Make payable to "City of Round Rock"
 MasterCard Visa Card Number: _____ Exp. Date: _____
 Name as it appears on Credit Card: _____
 Signature: _____ Date: _____

Please submit completed Booth Registration Form and signed Vendor Information Form to:
 Clay Madsen Recreation Center, Attn: Mary Hemenes
 1600 Gattis School Road, Round Rock TX 78664
 Via Email: MHemenes@roundrocktexas.gov Via Fax: (512)341-3395

PARTICIPANT WAIVER: I waive all liability of personal harm arising out of my participation in Parks and Recreation Programs and accept responsibility for it.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received _____ Amount Received _____ Completed Vendor Info Form: _____