

BOOTH APPLICATION Dia de las Madres/Mother's Day 2017

Name of Organization:			
Contact Name:			
Address:			
Phone:	Fax		
OBusiness Vendor (\$125) Non Profit (\$0)	Arts & Crafts Vendor (\$35) Food Vendor (\$125)	Sponsor (Please advis	e)
SPACE INFORMATION: Standard size of space is 1 additional tables/chairs) Activity in booth	0 X 10; includes two (2) chairs & o	ne (1) table (You are welcon	ne to bring
you will need the generator f	nmodate your electrical needs. If a for. Amps/Watts_cords and power strips you may		et us know what
for loss or damage. The WCF to abide by all the rules set for I	iamson County Hispanic Heritage Con HC strongly suggests that all exhibitor orth in this application for the: WCHHC agree to the terms and conditions as sta do not agree to the terms and condition	rs carry their own personal prop C-Dia de los Muertos Event ated	• •
	Exhibitor's authorized signature: Date:		
	call Julie Chapa @ 512-218-7014		1
Return Forms and	s out to Round Rock Ballet Folklorico Payment to: pa@roundrocktexas.gov		

Round Rock Public Library c/o Julie Chapa 216 E Main St Round Rock TX 78664