

2017Almond Blossom

Festival Vendor Application

Vendor	D	.ala #			
Organization NameContact Name				_	
Address					
City State	Zip				
Phone #Fx#_					
Email:					
I wish to participate as a Vendor a 12th, 2017 I have read and unders	tand the teri	ms of th	e agreement ai	nd will abide by them.	
Signature			Date		
Please complete the request below an	d forward wit	h paym	ent to the Quart	z Hill Chamber:)	
Description	Unit Price	Qty	Line Total		
10' x 10' Regular Vendor Space	\$120.00				
10' x 10' Regular Vendor Space QHCC Member	\$100.00				
10' x 10' Vendor Space Non-Profit Organization	\$100.00				
10' x 20' Food Vendor Space	\$260.00				
Special Attraction	\$260.00				
Electricity (Limited Spaces)	\$60.00				
Wifi Access	\$15.00				
	Total				
Cash (A Credit Card (P Credit Card Authorization Name on Credit Ca	Make Payabl Accepted at Please Comp Card ard Number	Chambe lete Cre	er Office, call 66 dit Card Authori	n1-722-4811 to arrange) ization below)	
Expiration CVV Cod					
Expiration	_				
	ication Fi		irections:	(All Daymonts Options)	
Mail or Drop off to		Fax to 661-941-4127 (All Payments Options)			
QHCC in Outside Locked Mail Box @			Online @ www.quartzhillchamber.com		
42043 50th St West Lancaster Ca 93536			(QHCC website is being updated and		
(Check & Credit Card Payments Only)			Availability of this option may be variable		

Do not Mail or Drop Off Cash