



Kit Carson Parent & Teacher Club

Spring Fling Carnival

Saturday, April 9, 2016

1:00-5:00PM

CRAFT VENDOR ENTRY FORM



NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

CONTACT NUMBER _____

E-MAIL ADDRESS: _____

BRIEF DESCRIPTION OF CRAFT BOOTH (include any special requests, i.e. electrical access, etc.)

****Requests for booth placement are accepted, but not guaranteed****

COST: 12 X 12 SPACE- \$25.00, PLUS CRAFT DONATION WITH A RETAIL VALUE EQUAL OR GREATER THAN \$25

NUMBER OF SPACES AT \$25 EACH _____ TOTAL ENCLOSED: _____

PLEASE MAKE CHECKS PAYABLE AND MAIL TO:

**KIT CARSON PTC
C/O CARNIVAL VENDOR
9895 7TH AVENUE
HANFORD, CA 93230**

PLEASE NOTE: ALL PAYMENTS MADE AFTER APRIL 1, 2016 MUST BE MADE BY CASH OR MONEY ORDER. CRAFT DONTATIONS SHALL BE DELIVERED OR MAILED TO THE ABOVE ADDRESS OR GIVEN UPON YOUR ARRIVAL THE DAY OF THE CARNIVAL. A CONFIRMATION E-MAIL ALONG WITH INFORMATION REGARDING SET-UP TIMES WILL BE SENT ONCE PAYMENT IS RECEIVED. PLEASE CALL/TEXT KELLY DEFTEREOS AT 559-901-9850 OR E-MAIL kdeftereos@hotmail.com IF YOU HAVE ANY FURTHER QUESTIONS.

I UNDERSTAND THAT KIT CARSON PARENT & TEACHER CLUB, ITS AGENTS OR REPRESENTATIVES ARE NOT LIABLE FOR ANY CLAIMS OF LOSS, THEFT OR DAMAGE TO ANY ITEMS ON EXHIBIT OR PERSON WITHIN DESIGNATED BOOTH AREA DURING THE SPRING FLING CARNIVAL.

VENDOR SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

FOR PTC USE ONLY:

Date Received _____

Paid _____