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| 2018 BOOTH APPLICATION | |  | | | | | | | | | | | | | | | |
| **APPLICANT DETAILS** | |  | | |  | | |  | |  | |  | |  | | |  |
| **Business/Organization/Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | |
| **Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |  | |  | |  | |  | | |  |
| **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | |
| **Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | **Fax** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |  |
| **Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | **Website** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **BOOTH SPACE (10’x10’) includes one 6’ table & two chairs. Limited double-space (10’x20’) available.** | | | | | | | | | | | | | | | | | |
| **DOCUMENTS The following documentation must be submitted with your application:** | | | | | | | | | | | | | | | | |  |
| **Vendors** *Proof of Liability Insurance (detailed in guidelines), CA State Franchise Resale License* | | | | | | | | | | | | | | | | | |
| **Non-Profits** *IRS Tax Exempt Designation Letter* | | | | | | | | | | | | | | | | | |
| **BOOTH SPACE** *10’x10’ includes one 6’ table & two chairs. Limited double-space (10’x20’) available.* | | | | | | | | | | | | | | | | | |
| *Tents & Table Covers not included.* | | | | |  |  | | | |  | |  | |  | | |  |
| **Business or Vendor (Merchant)** | | | $ 100.00 | | | | | | |  | |  | |  | | |  |
| **Non-Profit Organization:** | | | No charge | | | | | | |  | |  | |  | | |  |
| **PAYMENT** | |  | | |  |  | | | |  | |  | |  | | |  |
| **Total Due:** | | | **$** | | | | | | |  | |  | |  | | |  |
| Check \_\_\_\_\_\_ *payable to Child Care Resource Center (CCRC)* | | | | | | | | | | | |  | |  | | |  |
| MasterCard \_\_\_\_ Visa \_\_\_\_\_ | | | | | | | | | | | |  | |  | | |  |
| Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  | |  | | |  |
| Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  | |  | | |  |
| Exp. Month/Year | \_\_\_\_ /\_\_\_\_ | | | 3 digit CSC | | | \_\_ \_\_ \_\_ | |  | |  | |  | |  |
| Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Cardholder Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |

Completed applications, payment, and accompanying documentation can be submitted via email or US Mail.

**Email: [ejuarez@ccrcca.org](mailto:ejuarez@ccrcca.org) By mail:** Child Care Resource Center (CCRC)

Communications Department

20001 Prairie Street

To learn more please visit www.ccrcca.org

or call us at 818-717-1036

Chatsworth, CA 91311