



Seabird Island Band
First Nations Festival

ATTN: Angie Chapman:
PO Box 650, 2895 Chowat Rd, Agassiz BC V0M 1A0
Tel: (604) 796-2177 • Fax: (604) 796-3729

Arts and Crafts Vendor Application

Arts & Crafts Exhibitors Agreement 2011

Payment

1. Fees: Weekend Rate \$ **200.00** or \$**125.00** per day
2. Fees are payable to the Seabird Island Band by cash, certified checks or money orders one week prior to the festival date May 28-29, 2011.
3. Vendors are responsible for clean up around their area and must pay a 100.00(cash) damage deposit to ensure this happens. Once the Festival Coordinator has looked over your area the cash will be given back to you once the inspection has been complete.

Booth Set-up:

4. Set-up can begin on Friday night or Saturday morning at 8:00 am
5. Each space will consist of a 10x10 space. Vehicles will not be allowed to park behind or beside your booth this year.
6. Festival Coordinator will direct you to the site for set-up to begin.

Guidelines:

7. All vendors will be responsible for their own valuables and the festival will not be held responsible for any loss incurred at the event.
8. Booths any not sell food, drinks or raffle tickets.
9. All accessories (i.e.: tables, chairs, power, tents or displays) are the responsibility of the vendor.
10. If you do not receive back your confirmation within 10 days of submitting your registration please call at (604) 796-6893 or email angiechapman@seabirdisland.ca
11. Seabird Island Band Members will have no charge but you must register and supply your membership number. If you do not sign up before the event the festival will not allow you to enter.
12. You must also donate one item to the Festival Program draw (valued at \$25.00) and have this ready when you would like to set-up.

<u>Office Use ONLY</u>	<input type="checkbox"/> Community Member
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Comment: _____
\$100 Deposit Paid <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____ Initial: _____ Day: <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Weekend
Fee Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____ <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Other
Deposit returned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment: _____ Initial: _____ Date: _____



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**Arts and Crafts Vendor
Application**

Information:

Name: _____

Doing Business Since: _____ Location: _____

Address:

City: _____ Province: _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Contact Name: _____ Onsite supervisor: _____

References:

List at two of the most recent fairs or shows that you have participated in:

Event: _____ Date: _____ Number of days: _____

Contact: _____ Phone: _____ Cell: _____

Event: _____ Date: _____ Number of days: _____

Contact: _____ Phone: _____ Cell: _____

<p><i>Office Use ONLY</i> <input type="checkbox"/> Community Member</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comment: _____</p> <p>\$100 Deposit Paid <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Initial: _____ Day: <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Weekend</p> <p>Fee Received <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Other</p> <p>Deposit returned: <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____ Initial: _____ Date: _____</p>
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Schedule B

Please ensure the following has been forwarded with your package:

- arts/craft vendor form
- Fee for weekend or day rate
- Damage Deposit of \$ 100.00
- Price Listing and Products
- Photo of trailer or display (include dimensions)
- Date when Festival Coordinator can meet with you:

I agree to the information that is provided above. I understand that any changes need to be approved by the Festival Coordinator.

Name

Company

Signature

Date

Office Use ONLY	<input type="checkbox"/> Community Member
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comment: _____	
\$100 Deposit Paid <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Initial: _____ Day: <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Weekend	
Fee Received <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Other	
Deposit returned: <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____ Initial: _____ Date: _____	