



Do All your holiday Shopping at

The Antelope Valley Fairground's

Craft Fair

October 14 & 15, 2017

H.W. Hunter Pavilion

2551 West Ave. H, Lancaster CA 93536 • (661) 948-6060 Ext. 150

A.V. Fairground's HOLIDAY CRAFT FAIR: \$50.00

10'x10' indoor booth space for 2 days at the A.V. Fairgrounds, October 14 & 15, 2017.

Vendor application **DEADLINE: October 6, 2017.** A deposit of \$50 is required with the application and will be applied to your total cost of \$50.00 per **10 X 10 SPACE.** A table and 2 chairs available to rent per booth: \$20. **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A DEPOSIT.**

All cancellations must be made in writing. Refunds will be returned as follows:

60 days or more prior to event = 50% of total amount paid will be refunded

30 days or less = **NO REFUND**

PLEASE NOTE: This is an application **ONLY, NOT** a rental agreement. Please fill out and return this application with your deposit made payable to Antelope Valley Fair. Mail to: A.V. Fair, Attn: Mike Shuck, 2551 West Avenue H., Suite 102, Lancaster, CA 93536. Ph.: 661-948-6060, ext. 150

A.V. FAIR HOLIDAY CRAFT FAIR October 14 & 15, 2017 VENDOR SPACE APPLICATION

COMPANY NAME: _____

REPRESENTATIVE NAME _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____ **CELL PHONE:** _____

Specifically describe the product(s) by category. If a contract is issued, it will be assigned on the basis of this list only. Please use other side if necessary. Please PRINT: _____

If you have a product brochure or catalog of merchandise to be sold, please attach to application. Also, if you have a current photo of your exhibit booth, please attach.

Referred by: _____

Insurance and Liability:

All exhibitors must obtain public liability and property damage insurance and submit a copy to the Commercial Exhibits Department BEFORE you will be allowed to set up your exhibit or be issued your credentials. Liability insurance will be available through the Antelope Valley Fair/California Fairs Insurance Service Authority. Call (661) 948-6060 ext. 150 for additional information.

I certify all information contained in this application to be true and accurate to the best of my knowledge.

By (Please Print) _____ **DATE:** _____

SIGNATURE _____ **TITLE:** _____