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| **Annabelle Godwin Play Day** **Saturday, May 18, 2019****Woodley Park - Van Nuys** **2019 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.**  |
| **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.**  |
| **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 fax, email, or US Mail.

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

 Communications Department

 To learn more please visit www.ccrcca.org

 or call us at 818-717-1036

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