|  |  |
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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 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