

MERCHANT REGISTRATION FORM

Great Western War XI

PERSONAL INFORMATION:

SCA Business Name _____

Name _____

Address _____

City _____

State/Province _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____ Fax _____

California Sellers Permit Number (REQUIRED) _____

Date
Received: _____

OFFICE USE ONLY

Paid: Ck# _____ M/O _____

Amount: _____

Receipt #: _____

Space #: _____

Non Food Merchant 15'x15' space	\$70 includes 1 Site Token & 1 Space	\$ _____
Additional Spaces	\$25 for each additional space. DOES NOT INCLUDE SITE FEE	\$ _____
Food vendors 30x30	\$95 includes 1 Site Token & 1 Space	\$ _____
Food Merchant Electrical Deposit	\$10	\$ _____
TOTAL		\$ _____

GENERAL INFORMATION:

1. Do you require handicapped access? Yes No
2. Will you be camping with your booth? Yes No
3. Do you require a DRY RV SPACE? Yes No
4. What will you be selling?

4. Is there anything else you would like us to take into consideration regarding your application or placement?

This application is not valid until the following document is signed by the Merchant whose name appears on the application. Please make sure you understand this document thoroughly before signing it and do not sign it before reading all the Merchant Information and Merchant Rules.

I will be in full operation by Thursday, October 9, 2008 at noon unless prior arrangements have been made with the Merchant Steward. I will remove all equipment, supplies, merchandise and trash from the contracted space by Monday, October 13, 2008 at noon. I assume responsibility for any hauling charges or other expenses incurred for disposal and/or cleanup of the contracted Merchant site.

I swear the information provided on this application to be true to the best of my knowledge.

Legal Signature: _____ (sign in ink) Print Name: _____ Date: _____

MAKE CHECK OR MONEY ORDER PAYABLE TO "S.C.A., Inc/Kingdom of Caid"

THIS FORM MUST BE POSTMARKED BY AUGUST 15, 2008