



HOME FOR THE HOLIDAYS NON-PROFIT RESERVATION FORM

NON-PROFIT NAME (as you would like to be recognized)			
CONTACT			PHONE
ADDRESS			EMAIL
CITY	STATE	ZIP	WEBSITE
CAUSE YOU ARE PROMOTING			
501 (C)3 TAX ID #	SIGNATURE _____ SIGNATURE CONFIRMS ACCEPTANCE OF RULES AND REGULATIONS		
LIKE TO BE CONTACTED ABOUT SPONSORSHIPS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE _____			

BOOTH FEES (Required to participate)			
FEES	COST	# OF SPACES	TOTAL (\$)
BOOTH FEE (based on scale below) <i>\$40 if postmarked by October 13; \$50 by November 3; \$75 by November 17</i>			

RENTAL OPTIONS			
FEES	COST	# OF SPACES	TOTAL (\$)
10' X 10' TENT, 6' TABLE AND TWO CHAIRS <i>Fee in addition to booth space(s); All spaces must have a covered canopy; Includes 75 lbs of weight</i>	\$50		
75 LBS OF SAND BAGS <i>Fee in addition to booth space(s); All canopies must be weighted</i>	\$10		
WE WOULD LIKE TO SELECT OUR BOOTH LOCATION ZONE <i>Fee in addition to booth space(s); Actual booth location within zone will be chosen by center staff</i>	\$75	1st Choice: _____ 2nd Choice: _____	

PAYMENT INFORMATION	
<input type="checkbox"/> CHECK NO. _____ Make check payable to IRVINE ANIMAL CARE CENTER	TOTAL AMOUNT _____
<input type="checkbox"/> CREDIT CARD (you will be contacted within 10 business days to provide credit card payment)	

PLEASE COMPLETE AND RETURN THIS FORM VIA:

DROP-OFF: IRVINE ANIMAL CARE CENTER
6443 Oak Canyon, Irvine, CA 92618
ATTN: Dorian Harris / H4H

FAX: 949-724-7749

EMAIL: dharris@cityofirvine.org

FOR OFFICE USE ONLY	DATE RECEIVED: _____	R#: _____
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