



HOME FOR THE HOLIDAYS RESCUE RESERVATION FORM

RESCUE NAME (as you would like to be recognized)			
CONTACT		PHONE	
ADDRESS		EMAIL	
CITY	STATE	ZIP	WEBSITE
501 (C)3 TAX ID #	SIGNATURE _____ SIGNATURE CONFIRMS ACCEPTANCE OF RULES AND REGULATIONS		
IS THIS A NON-PROFIT ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			

ANTICIPATED NUMBER OF ANIMALS (Booth space is 10'x10')

CATS	DOGS	OTHER
ADULT CATS <i>(15 per booth space)</i>	ADULT DOGS - SMALL <i>(15 per booth space)</i>	RABBITS, GUINEA PIGS, ETC. - Please list below <i>(15 per booth space)</i>
KITTENS <i>(20 per booth space)</i>	ADULT DOGS - LARGE <i>(10 per booth space)</i>	
	PUPPIES <i>(15 per booth space)</i>	

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

CHECK NO. _____ Make check payable to IRVINE ANIMAL CARE CENTER **TOTAL AMOUNT** _____

To pay by credit card, please contact Dorian Harris at 949-724-7745.

PLEASE COMPLETE AND RETURN THIS FORM VIA:

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

FAX: 949-724-7749

EMAIL: dharris@cityofirvine.org