



# SUPER PET ADOPTION NON-PROFIT RESERVATION FORM

NON-PROFIT 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 DATE _____		
LIKE TO BE CONTACTED ABOUT SPONSORSHIPS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## BOOTH FEES (Required to participate)

FEES	COST	# OF SPACES	TOTAL (\$)
BOOTH FEE (based on scale below) <i>\$40 if postmarked by April 7; \$50 by April 28; \$75 by May 19</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		
8' x 8' ENCLOSED CEMENT YARD <i>Fee in addition to booth space(s); Three yards available; Located in Zone B</i>	\$75		
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 (Make check payable to IRVINE ANIMAL CARE CENTER)

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<b>TOTAL CHARGE AMOUNT</b> _____
<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER # _____	
NAME ON CARD* _____	SIGNATURE* _____	
BILLING ADDRESS* _____	DATE _____	

### PLEASE COMPLETE AND RETURN THIS FORM VIA:

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

**FAX:** 949-724-7749

**EMAIL:** [dharris@cityofirvine.org](mailto:dharris@cityofirvine.org)

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