



# SUPER PET ADOPTION 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 DATE _____		
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 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: _____	

FOR OFFICE USE ONLY	DATE RECEIVED: _____	R#: _____
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## PAYMENT INFORMATION (Make check payable to CITY OF IRVINE)

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<b>TOTAL AMOUNT</b> _____
<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	EXP _____ SECURITY CODE _____
CARDHOLDER NAME* _____		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#: \_\_\_\_\_