turday 10-5:00 October 5 Check appropriate		ain or Shine	mmuni e [ty″	ates thru Aug	ust 10th		2		
Standarc By Aug. 10\After Aug. Member: \$145 \\$220 Jon Member: \$220 \\$320	0 Men		1	<u>1</u> 0		After Aug.10	oft (<u></u> <u>B</u>	Ion-Pi y Aug.10\Afte \$95 \ \$-	er Aug.10 145
			١	vailable fo	⁻ \$135 (includes	delivery, setu	ıp, teardo			
Company Name										
Description of items,food or ervice to be sold or promoted										
Contact Name										
Address										
City						State		Zip		
Mobile Phone					Fax					
Email					Website					
Activity attractions, Rates include booth We Payment must be received The following signate	space only. cannot offer or by August 10	Elect guarante , for disco	ricity is no e exclusiv punt to app	ot provided ve status f ply and all	I. *Non-l or similar produ applications ar	Profit require ucts or servio nd payments	es proof ces.	of IRS	501(c) sta	tus.
						Date_				
Signature			navable t	to: Grar	ada Hills Cha	mber of Co	ommei	rce		
	enclosed	Make p	Jujubic			rCard				
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Check Credit		Make p	_			ation date				