



# 2nd Annual Motorcycle Show

Sunday October 21, 2007

10am to 3pm

To Benefit



Register Online at [www.capoanimalrescue.com](http://www.capoanimalrescue.com)

**CUT-OFF DATE FOR APPLICATION, PAYMENT, and CANCELLATION IS: October 15, 2007**

Please complete the application and return with Remittance in check, cashier's check or money order made out to CARE to:  
Capistrano Animal Rescue Effort Vendor Registration, P.O. Box 1089, San Juan Capistrano, CA 92693-1089  
Information Phone: (949) 240-1735 or Fax request: (949) 240-1291  
Tax ID# 33-0923931 (non profit 501C3)



Calle Perfecto Business Park,  
32421 Calle Perfecto San Juan Capistrano, CA 92675  
[www.capsitranohd.com](http://www.capsitranohd.com) (949) 388-3000

*Please Print Neatly With Ball Point Pen or Use Typewriter*

BUSINESS NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NO.: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX NO.: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DESCRIPTION OF ALL MERCHANDISE TO BE SOLD: (1) You must be specific on ALL merchandise, food and beverage to be sold. MERCHANDISE NOT LISTED MAY NOT BE SOLD! If you have a photo of your booth layout or merchandise, please send it with this application. If you have a trailer, you MUST submit a photo of the trailer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages if more room is needed)

SPACE: ( We will assign best available space. Space only, plan on providing your own tables, chairs, awnings etc.)

Space Required: \_\_\_\_\_ X \_\_\_\_\_. Need Electricity: Yes \_\_\_ No \_\_\_ Parking Vehicle In Your Space?: Yes \_\_\_ No \_\_\_

Trailers: Please list total dimensions of trailer: \_\_\_\_\_ ft. long X \_\_\_\_\_ ft. wide. Does this width dimension include awning? Yes? No? If trailer hitch does not detach, you must include trailer hitch as part of your space needs. Allow for trailer hitch to fit within designated space.

**SPACE RENTAL RATES:** 10'x10'=\$100 10'x20'=\$125 10'x30'=\$150 10'x40'=\$175 10'x50'=\$200

It may be possible to accommodate additional space. Call above number for quote.

**PLEASE ENCLOSE A COPY OF:**  
California Resale License (if selling taxable goods)

**TOTAL DUE (Include with application) \$ \_\_\_\_\_**  
**Must be received by October 15, 2007**  
**Include One Large Self Addressed Stamp Envelope**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(BY THEIR EXECUTION HEREIN, THE VENDOR AGREES TO BE BOUND BY ALL OF THE RULES AND REGULATIONS ATTACHED)

FOR CARE OFFICE USE ONLY

ASSIGNED SPACE: Width: \_\_\_\_\_ X \_\_\_\_\_ Area: \_\_\_\_\_ Space No.: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

RECEIVED:  Payment Received  City Business License  California Resale License  
 Insurance Declaration Page  Health Permit Application  Fire Permit Application