## 8th Annual Santa Cruz Chocolate Festival Sunday, January 18, 2015 from 1 to 4 PM at the Cocoanut Grove

## **VENDOR PARTICIPATION FORM**

\*\*\* Please return your completed form and by December 4, 2014 \*\*\*

2. Contact Name:	1. Business Name:	
6. Staffing (check one box). We anticipate that you will provide at least two people to staff your table. However if you need volunteer assistance, please let us know below.    I will staff my table   OR   I request one volunteer to assist at our table  7. Electricity (check one box)    I do need electricity   OR   I do not need electricity  8. Product Sales (check one box)    I will sell product/gift certificates   OR   I will not sell product/gift certificates   I request a second 6' table for \$40.00; check to be made out to UCSC Foundation  8a. Seller's permit number, required to sell at this event:  ***********************************	2. Contact Name:	3. Phone:
6. Staffing (check one box). We anticipate that you will provide at least two people to staff your table. Howev if you need volunteer assistance, please let us know below.    I will staff my table   OR   I request one volunteer to assist at our table  7. Electricity (check one box)   I do need electricity   OR   I do not need electricity  8. Product Sales (check one box)   I will sell product/gift certificates   OR   I will not sell product/gift certificates   I request a second 6' table for \$40.00; check to be made out to UCSC Foundation  8a. Seller's permit number, required to sell at this event:   ***** PLEASE ATTACH A COPY OF YOUR SELLER'S PERMIT; WE MUST HAVE THIS ON FILE****  9. Please list general description of product(s) that you will offer for sampling at the event AND the total number of tastings:    Company Name, along with your City, State   Web address	4. Email address:	
if you need volunteer assistance, please let us know below.      will staff my table   OR     request one volunteer to assist at our table	5. Mailing Address:	
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7. Electricity (check one box)		
8. Product Sales (check one box)      will sell product/gift certificates   OR	☐ I will staff my table OR	☐ I request one volunteer to assist at our table
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44 OPTIONAL: We will be helding a cilent quotion. We welcome your denotion with our thankel	Web a	address
11. OPTIONAL: We will be holding a slight auction, we welcome your donation with our thanks:	<b>11. OPTIONAL:</b> We will be holding a silent auction.	We welcome your donation with our thanks!
11.a. Please read, fill out and return the Silent Auction Donation form if donating an item	11.a. Please read, fill out and return the Silent	t Auction Donation form if donating an item
12. Donor's Signature:  Please type your name if submitting this form by e-mail or add electronic signature if you have one.	12. Donor's Signature:	
Please return completed form (and \$40.00 if wanting a second table) by Dec. 4:  OR (2) Fax to: Ann Berry-Kline Bailey Properties fax #: 831-685-6422		Bailey Properties

(1) By mail: Ann Berry-Kline 9119 Soquel Drive Aptos, CA 95003