

REGISTRATION FORM

Please print carefully



Brea Community Center

695 E Madison Way | Brea, Ca | 92821

Two Day Event!

Day 1 | March 15, 2019 | 9 AM-6 PM

Day 2 | March 16, 2019 | 9 AM- 4 PM

Social Media Username



Name:	Company's Name:		
Address:			
City:	Zip:		
Phone (Day/Evening/Cell):	**Note: You will be notified <u>by email</u> whether or not you have been accepted into the Boutique.		
		Email:	

Please check appropriate item(s)

MOST SPACES ARE 10' X 10'

Inside Space at \$175 (maximum per person is one space)	\$
Outside Space at \$140 (maximum per person is two spaces)	\$
Electricity available at \$17 (limited number available - first come/first serve)	\$
Tables for rent at \$17 each (limited number available - first come/first serve)	\$
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Name on Credit Card <input type="checkbox"/> Credit Card No.	Exp. Date: CVV/CVC:
Total Amount Enclosed:	
\$	

IMPORTANT PLEASE SEE THE REGISTRATION POLICY ON THE ATTACHED GENERAL POLICY STATEMENT. This is a picture juried show, not first come, first served. All registration forms must include photographs of the majority of merchandise to be sold. No exceptions! If we do not receive photographs, your application will be returned whether you are a past vendor or not. **Please Note: This year pictures will not be returned.** All merchandise must be approved regardless of whether you have participated previously in any City of Brea Craft Boutique. In order to ensure a standard of quality and balance to our boutique, our emphasis is on hand-crafted items. A limited number of commercial merchandise and jewelry will be accepted at the discretion of the organizer. Due to the nature of the boutique, any new multi-level marketing vendors will need to be approved based on the particular show and the appropriateness.

***NOTE: The state of California and the City Of Brea, require all vendors have a Seller's Permit and register the Boutique as a sub-address (695 E. Madison Way, Brea, CA 92821). For more information, visit the State Board of Equalization at www.boe.ca.gov or call 949-440-3473.**

Please note: If you are a past Spring Boutique vendor and want the same space you had in last year's show, please specifically indicate this but understand this is not a guarantee. Also if you do not return your application in a timely manner (approx. first two weeks) your space may be given to someone else.

Yes, I want my same space. Space # _____ No, different space please

Please describe the merchandise you sell (continue on back if needed):

Notes/Comments:

- It is important that you read the attached General Policy Statement very carefully.
- Registration fee must accompany this application. If paying by check, make payable to: *The City of Brea*. Use enclosed return envelope or mail to: *Spring Craft Boutique, 1 Civic Center Circle, Brea, CA 92821-5732*.
- There will be a \$15 processing fee on all cancellations and refunds. All entry fees are non-refundable **after February 15, 2019**.
- Important—Mailed registrations will be accepted only if received on or after **January 2nd**, for past vendors and Brea residents; **January 15th**, for open registration. Early applications will be returned.
- You will be notified **by email** whether or not you have been accepted into the Boutique at the end of January. **Note: At the time you are accepted, your check or credit card payment will be processed.**
- This event will be held rain or shine and not canceled due to the weather.
- All proceeds benefit Community Center Youth and Family Programs.
- For information, call Kristin Steyerman at (714) 990-7771 or email kristins@cityofbrea.net.

I have read and understand that I must comply with the Spring Craft Boutique General Policy Statement handed down by the City of Brea and I also agree to protect, defend, indemnify and hold harmless the City of Brea, agents, employees and volunteers from all loss, damage and claim resulting from the event. I understand if the General Policy Statement is not upheld my booth will be closed immediately and my fees will not be returned. Please make a copy of this form for your records.

Signature:

Date: