WALK for AUTISM
and Awareness Fair

Join the Central Coast Autism Spectrum Center for our *10th Annual* WALK for AUTISM and AWARENESS FAIR

Sunday April 22, 2018 Noon to 4 pm, Walk starts at 2:30 pm
Mission Plaza San Luis Obispo

VENDOR REGISTRATION

Vendor Booth Setup 10 am, Take Down after 4 pm

Date_____
Organization Name_____
Contact Name _____ Title_____
Mailing Address _____
Phone _____ Email _____
Event Day Contact Name/email/phone (If different than above)_____
_____

Please sign me up as a: ☐**Vendor Booth - $50.00** ☐**Complementary Sponsor Booth**

___ City of SLO Business License Fee - $25 For all vendors selling goods/services without a current City of San Luis Obispo Business License, a flat rate of $25 should be ADDED to your booth fee. This fee will be passed on to the City of San Luis Obispo as required. A City permit will be sent to you after receiving application.

___ Certificate of Insurance. Please list CCASC P.O. Box 3417 SLO, CA 93403 as an additional insured (contact your insurance company to acquire certificate.) Insurance is required for all businesses.

___ Our group will be selling food and have the required food permit. Food Vendors must have either the Multiple Event Temporary Food Facility permit or the Single Event Temporary Food Facility permit- both through the Health Department.

___ Our group would like access to electrical power for _____
Note: Electrical access priority will be given to food vendors. You must provide your own electrical cord(s), equipment, etc. Please no loud music or PA systems at booths.

___ Describe your free children's activity (Required) _____
_____

Name on card: _____ Card # _____
Exp. Date _____CSV (3 digits on back) _____

Cardholder email (if different than above)_____
Cardholder phone number (if different than above)_____

Mail, email or fax this completed form to: CCASC/WALK at P.O. Box 3417, San Luis Obispo, CA 93403
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Fax (805) 763-1100

Phone (805) 763-1100
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