

CWCCA 2017 National Specialty
Sawmill Creek Resort – 400 Sawmill Creek Dr - Huron, OH
Vendor Chairman: Tiffany Green, 6008 N Ridge Rd, Madison OH 44057

Vendor Contract

| | | |
|------------------------|-----------------|---------------|
| Business Name: | | |
| Contact Person's Name: | | |
| Address: | | |
| Phone No: | Cell No: | |
| Email: | | |
| Product(s)/Services: | | |
| | | |
| Arrival Date: | Departure Date: | Days Selling: |

Space Required:

_____ 100 sq ft spaces @ \$2 per SF or \$200/wk = \$ _____

_____ Electric outlet @ \$40.00/wk = \$ _____

I wish to donate to the raffle/silent auction ___ NO ___ YES

I understand that if the CWCCA is unable to provide me with my requested space, they will contact me no later than March 15, 2017. If an alternative space is not available, the CWCCA will then issue me a full refund.

If I am unable to attend/set up at this show, I will promptly notify the CWCCA prior to March 15, 2017. I understand that there will be no refunds given if I elect not to set up at this show after reserving a space unless the vendor chairperson is able to fill my space.

All fees are prepaid and must be received by the Vendor Chairperson NO LATER than March 15, 2017.

I CONFIRM BY MY SIGNATURE THAT I HAVE READ AND AGREE TO ABIDE BY THE VENDOR RULES AND REGULATIONS.

| | |
|--------|------|
| Vendor | Date |
| CWCCA | Date |

Make Checks Payable to CWCCA, mail to:
Cheryl Kienast, Treasurer
PO Box 295
Knoxville TN 37901-0295