

Northern Colorado Intertribal Powwow Association
16th Annual Spring Contest Powwow and Indian Market ♦ Apr 12-13, 2008
 The Ranch: Larimer County Fairgrounds – First National Bank Exhibition Hall ♦ Loveland, CO

Vendor Application

Vendor Information:

Name: _____ Tribal Affiliation: _____
 Company: _____ Tribal Census #: _____
 Address: _____
 City, State & Zip: _____
 Telephone #: (Day): _____ (Evening): _____
 E-mail address: _____
 Website: _____
 Name of assistant (for badge): _____

Brief description of items to be sold (required):

Booth Spaces:

- **All booths are subject to approval by sponsors. No unauthorized vendors will be allowed to set up.**
- All booths will be indoors in the West Hall of the First National Bank Exhibition Hall.
- Assignments of specific location will be handled by the vendor coordinator.
- Vendor setup begins at 10:00 a.m. on Friday, April 11, 2008; and also beginning at 7:30 a.m. on Saturday, April 12, 2008.
- Each space is 10 ft. x 10 ft. at \$125 per space/weekend. Please indicate the number of spaces needed:

_____ spaces x \$125/space = \$ _____ **if postmarked by March 28, 2008**
 _____ spaces x \$175/space = \$ _____ if postmarked March 29, 2008 and later

- You may bring your own tables and chairs. We have a limited number available for rent. Please reserve early:
 _____ tables x \$5.00 each = \$ _____
 _____ chairs x \$2.00 each = \$ _____
 _____ electric hookup = \$30
- If you have any questions, please call Deborah at (970) 224-2356. List comments, if any.

Payment:

- Make Check or Money Order payable to **NCIPA**. *(Please do not mail cash)*
- Payment for booths must be made by check or money order at the time this agreement is signed.
- **Mail this application with your payment by MARCH 28, 2008 to:**
 NCIPA Vendor Coordinator
 P.O. Box 1938
 Fort Collins, CO 80522

I have enclosed: Check # _____ Money Order #: _____ Amount: _____

Vendor: My signature below confirms that I have read and understand the vendor agreement, and I agree to abide by all rules and regulations stated thereof. [If Vendor is a corporation or other organization: *I certify that I am authorized to sign for and bind such corporation or organization to this agreement and that I have signed in the capacity of for such corporation or organization.*]

Vendor's Signature: _____ Date: _____

For Committee Use:

No: _____ Postmark: _____ Balance Due: _____

Comments: _____