

Northern Colorado Intertribal Powwow Association
20th Annual Spring Contest Powwow and Indian Art Market ♦ April 20-22, 2012
CSU Moby Arena; corner of West Elizabeth and Shields; Fort Collins, 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 on the Moby arena floor or on the upper level!
- Assignments of specific location will be handled by the vendor coordinator.
- Vendor setup begins at 12:00 p.m. on Friday, April 20th; 7:00 a.m. on Saturday, April 21, 2012.
- Each space is 10 ft. x 10 ft. at \$100 (upper level) or \$150 (arena floor) per space/weekend. Indicate the number of spaces needed:

Upper Level: _____ spaces x \$100/space = \$ _____ **if postmarked by April 1, 2012**
_____ spaces x \$150/space = \$ _____ if postmarked April 2, 2012 and later
Arena Floor: _____ spaces x \$150/space = \$ _____ **if postmarked by April 1, 2012**
_____ spaces x \$200/space = \$ _____ if postmarked April 2, 2012 and later

- You may bring your own tables and chairs. We have a limited number available for rent. Please reserve early:
_____ tables x \$10.00 each = \$ _____
_____ chairs x \$2.00 each = \$ _____
- **If you have any questions**, please call Meg at (970) 493-6470 or email us at ncipa@fortnet.org. List comments on back, 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 April 1, 2012 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: _____