



ALL SOOKE ARTS & CRAFTS ASSOCIATION
CHRISTMAS SHOW 2018
PO BOX 133, Sooke BC V9Z 0E5
November 16, 17, 18 2018

MEMBER SHOW APPLICATION FORM
Show Convenors: asaacexec@gmail.com

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|----------|
| Name: |
| Phone #: |
| Email: |

Family membership only: names of all family members who will be exhibiting with you.

If you would like a second table, please indicate here: (individual, family, or honorary member).

| Spaces on centre floor/table-top displays only: NO backdrops in this section. | # OF TABLES | \$ PER TABLE | TOTAL |
|---|-------------|--------------|-------|
| 8' x 2.5' table on main floor (table-top display only; height of display not over 3 feet) | | \$ 90 | |
| Corner set up (one 8' & one 6') (table-top display only; height of display not over 3 feet: only 6 available) | | \$ 160 | |

| Spaces against wall for displays with grid wall or backdrop | | | |
|---|--|--------|--|
| 8' x 2.5' table with 6' wall space | | \$ 120 | |
| 6' space at the bar counter - no table | | \$ 150 | |

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| Are you sharing a space? With whom? |
| Special requests: eg. same space as last year; put me next to ... etc. |
| No table please: I do not require a table, or I am bringing my own table. |

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Describe all crafts made by you that will be included in your display. Only items listed here may be added to your display.

Family membership: describe other crafts made by FAMILY MEMBERS that will be included in your display. Only items listed here may be added to your display.

| | | |
|--|--------------|----|
| Selling food items? Have you attached a Supplementary Application for Food vendors? | YES | NO |
| Selling cosmetic items? Have you submitted a Cosmetic Notification Form to Health Canada? | YES | NO |
| Case # | Submission # | |

Description of your display:

We need to know what size display items you are planning to use. Please check the following:

| | |
|--------------------------|--|
| <input type="checkbox"/> | I am using a table-top display less than 3 feet above table (no description, drawing or photo required). |
| <input type="checkbox"/> | I am using grid walls, back drops, or display items that are higher than 3 feet above table: I require a space against a wall (description, drawing, or photo required). |

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This space is for your description/drawing/photo of your display using grid walls, backdrops or display items that are higher than 3 feet above the table (requiring a space against a wall).

TASK COMMITMENT POLICY: please check box to show you understand and have enclosed a separate cheque for \$25.00.

| | |
|--|---|
| | Please enclose a separate cheque for \$25.00 postdated November 20, 2018. This cheque will be returned (at the January 2019) meeting to members who participate in one or more of the following: |
|--|---|

- show preparation
- show setup
- maintenance/cleanup during the show
- take down after the show

CANCELLATION POLICY: please check the box below to show your understanding of the cancellation policy.

| | |
|--|---|
| | Withdrawal or cancellation prior to Oct. 1, 2018 will be fully refunded, minus \$10 administration fee. After Oct. 1, 2018 withdrawal will result in forfeiture of your entire table fee. |
|--|---|

AGREEMENT TO TERMS AND CONDITIONS: please check the box below to show your understanding of the terms and conditions of the show rules.

| | |
|--|--|
| | I have read and I understand the terms and conditions of the show rules for the 2018 show. |
|--|--|

Signed _____

Date _____

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***** Please complete the following information for the Treasurer*****

| |
|--|
| Member name: |
| Name on cheques: |
| Date on table fee cheque: |
| Amount paid for table fee: |
| Table fee cheque #: |
| Task Commitment (dated November 20, 2018) cheque #: |

- Please attach payment by cheque or money order in space below.
- Make cheques payable to All Sooke Arts & Crafts Association.
- Date table fee cheque with the current date. Date separate **Task Commitment** cheque of \$25.00 for November 20, 2018.
- Any cash payments must be correct change and sealed in two separate labeled envelopes.

| |
|---------------------------------|
| Attach payment here. Thank you. |
|---------------------------------|

| | |
|--|--|
| | I would like a receipt. |
| | I require a receipt in my Personal Name: |
| | I require a receipt in my Business Name: |

Deadline for member applications: July 1, 2018