

INLAND EMPIRE WATER GARDEN AND KOI SOCIETY

KOI & GOLDFISH SHOW

and

VENDOR FAIR

August 28, 29, & 30, 2009

Pavillion Park

Liberty Lake, Washington

VENDOR APPLICATION

Name: _____

Contact name if different: _____

Street Address: _____

Mailing Address if different: _____

Telephone: _____ Email: _____

Booth requested:

Dry booth, approximately 10' X 10', two or more booths will be situated adjacent to each other unless requested otherwise. Products being offered: _____

Number of booths ____ X \$35.00 each = \$ _____ or merchandise \$ _____ *

Wet booth, with electricity and water, approximately 10' X 10', two or more booths will be situated adjacent to each other unless requested otherwise. There is limited number of wet booths.

Number of booths ____ X \$75.00 each = \$ _____ or merchandise \$ _____ *

* In lieu of cash fees, IEWGKS will accept merchandise (please describe: _____) having a retail value of least two times the booth fee. To reserve your space please provide a check or merchandise at your earliest convenience.

Please note that the City of Liberty Lake is not charging us for the park facilities. The booth fees are a charge by the Inland Empire Water Garden & Koi Society to help offset the costs of conducting the show.

IEWG&KS will be conducting various raffles and auctions on Saturday and Sunday. We hope that all vendors do very well and show their generosity by contributing product or services to our raffles and auctions.

Setup: Friday 9:00 am to dusk. Please note there is movie Friday evening and crowds will be significant. Tear down: Sunday 3:00 pm to dusk.

Security: We will provide security for Friday and Saturday nights.

Food: This booth rental does not include permission to prepare and/or sell food.

The undersigned hereby applies for booth space at the 2009 Koi and Goldfish Show and agrees to abide by all rules, conditions and regulations as set forth by the City of Liberty Lake.

The undersigned hereby certifies that the information provided on this application is true and correct, to the best of his/her knowledge under perjury under the laws of the State of Washington.

Authorized signature: _____ date: _____

Title: _____

Please mail completed application and fees to: IEWG&KS, PO Box 4792, Spokane WA 99220

For questions, Allan Foster 448-8968 spacefarmer2001@yahoo.com

or Diana Lynn 747-5333 dianalynn100@yahoo.com or John 924-7672 spokanekoi@comcast.net