

PREVENTIVE MEDICINE APPROVAL: \_

## FORT IRWIN'S SPECIAL EVENT BOOTH SPACE APPLICATION FORM

EVENT: "Oktoberfest", October 12th 2017, 4-10 p.m.

Sign-up #

(date)

		Assigned Booth Space #		
NAME OF ORGAN	IZATION/INDIVIDUAL_			
ORGANIZATION M	1AILING ADDRESS			
POINT OF CONTACT (POC):		E-MAIL:		
POC TELEPHONE NUMBER (work):		(home):		
CIRCLE TYPE OF BO	OOTH: Games	Crafts	Miscellaneous	Food
DESCRIPTION OF I	TEMS BEING SOLD (*Fo	or Food Booths: Atta	ch menu and prices):_	
FORT IRWIN VENDOR PERMIT #		OR ONE DAY VENDOR PERMIT#		
	On Post/Off Post Vendor Space Fee	Number of 12'x12' spaces Required	ELECTRICAL Circle One YES NO	SUBTOTAL
Booth Fee*	\$40 each 12'x12'		Requirements:	
Electrical	\$10			
			TOTAL	
			RECEIPT#	
	s (1) Canopy, (1) 6' Tabl owed to bring extra as y		e and Chairs will be place	d in each booth
AUTHORIZED VENI				
(printed name/signature)				(date)
INFORMATION LET	TER REVIEWED:	_ (Vendor Initials)		
AUTHORIZED MWR	REPRESENTATIVE:			
		(signature)		(date)

VENDOR POC FOR THIS EVENT IS: Carla Averill Phone: (760) 380-7447 Email: <a href="mailto:carla.a.averill.naf@mail.mil">carla.a.averill.naf@mail.mil</a>
Turn in applications in person to: DFMWR BLDG 1317 Normandy Drive Rm 1, Mon-Fri 8am - 3:30 pm. PAYMENTS CAN BE MADE BY CASH, CHECK, OR MONEY ORDERS. MAKE CHECKS OR MONEY ORDERS OUT TO MWR.

(signature)