

Mooneyes X-MAS PARTY Show & Drag 2016

SAT. DEC 10, 2016

IRWINDALE SPEEDWAY - 500 SPEEDWAY DR, IRWINDALE, CA 91706

VENDOR BOOTH APPLICATION

ENTRY DEADLINE: SATURDAY NOVEMBER 19, 2016

VENDOR PERMIT: ALL VENDORS ARE LIABLE FOR SALES TAX. PLEASE FILE SALES TAX ON YOUR OWN. WE (MOONEYES) HAVE NO PART IN SALES TAX. THE CITY OF IRWINDALE REQUIRES EACH VENDOR TO FILE A CITY OF IRWINDALE BUSINESS LICENSE. PLEASE MAKE SURE YOU FILE FOR A BUSINESS LICENSE. ALL VENDORS MUST APPLY FOR A LICENSE BY MONDAY DECEMBER 5, 2016.

PLEASE SEE AND APPLY ONLINE AT: <http://www.irwindaleca.gov/index.aspx?NID=186>

You will receive a vendor packet in the mail after you have been confirmed and processed. We are very selective of our vendors and reserve the right to refuse any vendor application. No vehicles will be allowed to park behind their booth. **Set up is on Friday (DEC 9) from 12 Noon to 5PM** (no camping allowed). Saturday gates open at 6AM. You can setup from 6-8AM. **No setup after 8AM.** Showtime is 8AM to 4PM. Please enter from EAST GATE. Please have your vendor pass ready at the gate. You will be directed to your booth space by EVENT STAFF. All vendor vehicles must be moved to assigned parking area by 8AM sharp on event day.

SHOWTIME: DEC. 10, 2016 GATES OPEN AT 6:00 AM

VENDOR BOOTH APPLICATION FORM

BOOTH SPACE: **10' X 18' (\$150.00)** wide x deep
1 Vehicle Pass; 2 Arm Bands

20' X 18' (\$275.00) wide x deep
2 Vehicle Passes; 3 Arm Bands

30' X 18' (\$400.00) wide x deep
3 Vehicle Passes; 4 Arm Bands

COMPANY NAME: _____ **Product/Business Type:** _____

CONTACT NAME: _____

Street: _____

City: _____

State: _____ **Zip:** _____

WEBSITE: _____

Contact Phone: _____

Email: _____

Vendor booth space includes one (1) vehicle pass and two (2) wristbands. Any vehicle without a pass must enter from the main gate and pay the parking fee. Any persons without a wristband must pay \$5.00 at the gate.

BOOTH SPACE (Check Box Above) = _____

ADDITIONAL WRISTBAND (\$5.00/each) QTY x \$5.00 = _____

ADDITIONAL VEHICLE PASS (\$10.00/each) QTY x \$10.00 = _____

GRAND TOTAL DUE = _____

For Credit/Debit Card Payments:

Please complete the credit card information accurately and FAX the completed form to (562) 946-2961 or contact us directly.

Name on Card: _____

Card Type (circle): Visa MasterCard Discover AMEX

CARD NUMBER: _____

EXP: _____ **CVV:** _____

ENTRY DEADLINE: NOV. 19, 2016

For Check/Money Order Payments:

Please make check/money order payable to: **MOONEYES USA, INC.**

Mail completed entry form with payment to: **MOONEYES USA, INC., 10820 S NORWALK BLVD, SANTA FE SPRINGS, CA 90670**

For any questions please contact us at (562) 944-6311 or info@mooneyes.com, sales@mooneyes.com

Thank You for Your Support & See You at the SHOW!

GO! with MOON



MOONEYES USA, INC.

10820 S. Norwalk Blvd Santa Fe Springs, CA 90670

Phone: (562) 944-6311 Fax: (562) 946-2961

Email: sales@mooneyes.com

info@mooneyes.com

Web: <http://www.mooneyes.com>

<http://www.mooneyesusa.com>

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