

TEXAS STATE COUNCIL of the P.A.W., Inc.

MARCH __ JUNE __ OCTOBER __

EXHIBIT SPACE RENTAL APPLICATION

VENDOR NAME: _____

CONTACT NAME: _____

CONTACT NUMBER: _____

CONTACT ADDRESS: _____

CONTACT E-MAIL: _____

Goods & Services Offered: _____

Standard Size Table (1) will be located in designated Vending Area

<i>All 4-days for \$300 or \$100 Per Event Day</i>	
Wednesday	\$ _____
Thursday	\$ _____
Friday	\$ _____
Saturday	\$ _____
TOTAL:	\$ _____

Coordinator Contact:

Evangelist Judy Sanders @ 361.676.4162

Or

Sister Vicky Miles @ 214.394.1394

*Booth Agreement must be completed in full and received by
Start of Council Date.*

Form of Payment: Cashier's Check ___ or Money Order ___ Made Payable to Texas State Council

Date Paid _____ Received By _____