



Multicultural Women's Organization of Newfoundland & Labrador

International Food and Craft Fair (IFCF)

Date: Sunday, March 11, 2012

Location: Holiday Inn, 180 Portugal Cove Road St. John's

Time: 10:00 a.m. - 6:00 p.m.

Booth Application Form

Contact: Zainab Jerrett. Tel.: (709) 722-8103, (709) 699-6995, (709) 726-0321.

E-mail: zharuna@warp.nfld.net

**Return Completed Application Form With Payment To:
MWONL, C/o 166 University Ave., St. John's, NL, A1B 1Z7
Make cheque payable to: Multicultural Women's Organization of Newfoundland & Labrador)**

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Country of Origin: _____

Types of Product (check () as appropriate): Food ____ Crafts ____ Both ____

Detailed Description of Your Products: (if selling food please indicate clearly each food item and a list of its ingredients). If necessary, use additional sheet of paper for listing your products and attach to this form: _____

Cost of Table Rental:

- \$40:00 per table for food exhibitors using MWONL chafing dishes (2 sets of chafing dishes and heating fuel will be provided for each food exhibitor).
- \$30.00 per table for food exhibitors not using MWONL chafing dishes and heating fuel).
- \$30.00 per table for Crafts/Non-Food Exhibitors

Table Size: 6 ft x 2 1/2 ft. Qty Required: _____

2 Chairs and a table linen will be provided for each exhibitor.

Form of Payment: Cash_____ Cheque_____ Total Amount: \$_____

Please Note:

- **Deadline to submit your application: Monday, February 13, 2012.**
- **There will be no Pre-IFCF Business Skills Enhancement Workshop for IFCF Exhibitors.**

Any injury or damage to persons or property caused by items for sale or display is the sole responsibility of the exhibitor. MWONL shall be held blameless from any liability thereof. The applicant fully understands that fees are nonrefundable two weeks before the Fair. MWONL reserves the right to accept or reject any application at its discretion. Items sold must be the items mentioned in the application form. My signature indicates acceptance of all terms set forth.

Signature: _____ Date: _____

For Official Use Only:

Date Application Received: _____

Table #/Qty: _____

Notes : _____
