



**Immaculate
Conception**
CATHEDRAL SCHOOL

**ICCS Fall Festival
Saturday, Oct. 21, 2017
Vendor Application Form**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Product/Services to be promoted: _____

Space needed for your booth: _____

Entry Fee: \$50

Amount enclosed: _____

Check number: _____

You may also pay online at: **MyICCS.org/support**. Please click on Vendor Booth in Payment Destination dropdown box.

Conditions:

NO REFUNDS PROVIDED.

ICCS is not responsible for any damage due to weather, theft, etc.

All vendors are responsible for setup and cleanup.

Setup will begin at 9 a.m. on the event day.

Please call (901) 435-5345 if you have questions or email Events@myiccs.org.