



# Cape Croker Annual Traditional Pow Wow

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

First Nation: \_\_\_\_\_

**Craft Vendor**      Craft Vendor Fee: \_\_\_\_\_

**Food Vendor**      Food Vendor Fee: \_\_\_\_\_

(PLEASE CHECK ONE)

**Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:** \_\_\_\_\_

Please note: up to a maximum of three helpers per booth including applicant

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Name 3: \_\_\_\_\_

**Paid By:**     **Money Order**     **Cash**

Received By: \_\_\_\_\_

**NO PERSONAL CHEQUES WILL BE ACCEPTED**