

CELTIC VENDORS ASSOCIATION
APPLICATION FOR ENTERTAINER MEMBERSHIP

Name of Entertainer or Group: _____

Contact person: _____

Business phone: () _____

Mobile phone: () _____

Web site: _____

Fax: () _____

E-mail _____

What style of Entertainment do you perform? _____

Distance you are willing to travel to an event? _____

At what Celtic Events has the Entertainer or Group preformed? _____

References: (optional) _____

Comments you want on your page in the Web site? _____

How did you hear about the Celtic Vendors Association? _____

IMPORTANT:

You can help us process your application in a timely manner by:

- Reviewing your application of accuracy.
- Including your check or money order in the amount of \$50.00 for a 1 year membership.
- Including a photograph is optional.

I have filled out this application accurately. I have read the membership requirements and agree to the terms and conditions. I understand that the Celtic Vendors Association reserves the right to accept or deny any application or cancel membership at anytime.

Print Name

Signature

Date

<p>ADMINISTRATOR USE ONLY:</p> <p>APPLICATION RECEIVED: _____</p> <p>APPROVED: _____ DENIED: _____</p> <p>COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>WEB ENTRY DATE: _____</p> <p>ADMIN INITIAL & DATE: _____</p>
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