**CALIFORNIA BLACK CAMPERS OF SOUTHERN CALIFORNIA**

**VENDOR APPLICATION**

**Emerald Desert RV Resprt**

**76000 Frank Sinatra Drive**

**Palm Desert, CA 92211**

**Friday September 19, 2025 and Saturday, September 20, 2025**

 **From: 10:00 am to 2:00 pm**

**VENDOR’S COMPANY NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VENDOR’S NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ITEMS FOR SALE:** Clothing \_\_\_\_\_Jewelry\_\_\_\_Candles\_\_\_\_\_Art\_\_\_\_\_Food\_\_\_\_Purses\_\_\_\_\_\_

Sunglasses\_\_\_\_ Hats\_\_\_Tumbers/Cups\_\_\_Accessories\_\_\_\_Beauty Care\_\_\_\_\_Other\_\_\_\_\_\_\_

**Description of other items**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One table and 2 chairs will be provided**. Set-up will be 8:00 a.m**. Check daysyou

will particiate; **Friday September 19, 2025\_\_\_\_\_\_\_Saturday September 20. 2025\_\_\_\_\_\_\_**

**Fee: Outside Vendors** $100.00 per table for 2 days **Fee: Club members** $25.00 per table for 2 days

**DEALINE:** **August 31, 2025,** please mail application to CBC So. California C/O Charlotte Slater, 19740 Sunset Vista Road Walnut California 91789. Cash or Zelle **ONLY** Payments can be **Zelled to Charlotte Slater 951-440-1704. Checks will NOT be accepted. For questions contact**: Charlotte Slater, 951-440-1704 cell.

Email:**theslaterfamily3@charter.net**

**Printed Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount Paid $25.00**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **$100.00**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_