

WEST COAST FUND RAISING

220 Deininger Circle • Corona, CA 92880
(951) 736-3642 or (800) 500-3310 • FAX (951) 736-3665 or (800) 993-9770

KIDS' KORNER GIFT SHOPPE AGREEMENT

GROUP NAME: _____ (Please specify PTA, PTO, etc.)

ADDRESS: _____ CITY: _____

PRINCIPAL: _____ STATE: _____ ZIP: _____

SCHOOL PHONE: (_____) _____ FAX: (_____) _____ COUNTY: _____

CHAIRPERSON FOR KIDS KORNER: _____ CELL: (_____) _____

CHAIRPERSON ADDRESS: _____

E-MAIL ADDRESS: _____

TREASURER: _____ CELL: (_____) _____

PTA PRESIDENT: _____ CELL: (_____) _____

PRESIDENT E-MAIL ADDRESS: _____

STUDENTS: _____ GRADE LEVEL: _____

HAVE YOU DONE A HOLIDAY SHOPPE BEFORE? Yes / No WHAT WERE YOUR TOTAL SALES? _____

SHOPPE START DATE: _____ SHOPPE END DATE: _____

THANKSGIVING HOLIDAY BREAK _____

LAST DAY OF SCHOOL BEFORE WINTER BREAK: _____ IS IT A MINIMUM DAY? Yes / No (Circle one)

DAY BACK AFTER WINTER BREAK _____

DO YOU NEED TO BORROW A CASH REGISTER? YES / NO (Circle one)

(Registers are limited and provided based on final confirmation of contract and availability)

SHOPPE % OF PROFIT: _____

ESU (Snowman Entry Arch) (Sign up by September 29, 2017)

ALL RETURNING MERCHANDISE, CHECK, AND NO INVENTORY BILLING SHEET SHOULD BE IN THE SCHOOL OFFICE THE MONDAY AFTER THE END OF THE SALE. IT WILL BE PICKED UP THE "WEEK OF" _____ (initial)

COMMENTS: _____

Terms & Conditions for KIDS' KORNER Program (PLEASE READ CAREFULLY)

We, the above named group, understand that KIDS' KORNER GIFT SHOPPE has designed this program to run during school hours because it affords all the children in the school an opportunity to shop in a safe non-commercial atmosphere. **Therefore, we agree to:**

1. run the KIDS' KORNER GIFT SHOPPE like a **"GOING OUT OF BUSINESS SALE"** for **THREE OR MORE DAYS DURING SCHOOL HOURS**.
2. If you run the sale on a Saturday, it must be approved by the Kids Korner Coordinator at West Coast Fund Raising.
3. display ALL merchandise supplied by KIDS' KORNER GIFT SHOPPE.
4. **NO** reorders after Wednesday at 12:00 p.m. in the sale week, due to shipping timelines.
5. keep track of daily sales on the NO INVENTORY BILLING SHEET.
6. **run the shop according to the program planner and this contract.**
7. **have unsold merchandise, unused supplies, NO INVENTORY BILLING SHEET, & a CHECK in the amount due, ready for the pickup "week of" date.**

An account is considered late & will receive a \$50 late fee if not paid by the pickup date. _____ (initial)

Checks made payable to: **West Coast Fund Raising**

8. **sell no other products along with the KIDS' KORNER GIFT SHOPPE merchandise.**

(NOTE: PTA's, PTO's, etc. are classified as consumers under section 6370 of California Sales and Use Tax Law. WEST COAST FUND RAISING WILL PAY ANY APPLICABLE SALES TAX ON THE SALE.)

CHAIRPERSON'S SIGNATURE: _____ DATE: _____

REPRESENTATIVE'S SIGNATURE (WEST COAST FUND RAISING): _____

(4/3/17)