



# 北維州實驗中文學校

Northern Virginia Experimental Chinese School

P. O. Box 220401, Chantilly, VA 20153

## NVAECS PARENT WORKSHOP and VENDOR TABLE SET UP APPLICATION

### APPLICANT INFORMATION

Name: (Chinese/English) \_\_\_\_\_

NVAECS Parent:  Yes  No

Business Practice Name (if available) : \_\_\_\_\_

If Yes, your child's class: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Web: \_\_\_\_\_

Phone: \_\_\_\_\_

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

### EVENT INFORMATION (All fields are required.)

1. Type of Event: (Please check all that apply)

Educational Workshop     Education Contest     Other: \_\_\_\_\_

2. Proposed name of your event: \_\_\_\_\_

3. Proposed Dates and Times of the event during available ECS school schedule (**4 weeks advance notice required**):

Proposed Date: \_\_\_\_\_ Time: From \_\_\_\_\_ pm to \_\_\_\_\_ pm

4. Is applicant the same as speaker? Yes. \_\_\_\_\_ No. \_\_\_\_\_

If no, please provide the speaker's name: \_\_\_\_\_

5. Estimated Event Attendance: \_\_\_\_\_

6. Area(s) of the event is located in the cafeteria about ¼ of space.

\*If you are not a NVAECS parent, please submit the rental fee upon receiving approval before the event, **cash only**.

#### **Rental fee:**

**\$30 per hour with no equipment set up**

**\$50 per hour with projector screen and projector set up (please use your own laptop)**

**\$150 for one vendor table in the annual Fall Festival event (\* vendor table is limited at all other class time)**

Workshop space about ¼ of cafeteria, rental fee for other special location will be advised based on further approval.

7. Describe the activities of your event (attach additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

8. Brief biography (attach additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

9. Event Agenda (attach additional sheet if necessary):

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10. Poster or flyers about the event? (NVAECS reserves the right to reject or revise inappropriate languages on the flyer)

Yes  No      If yes, please attach with the application for review and approval.

11. Announcement about the event? (NVAECS reserves the right to reject or revise inappropriate languages on the announcement)

Yes  No      If yes, please attach with the application for review and approval.

**EVENT AGREEMENT**

By submitting this application, we, \_\_\_\_\_ (the applicant) and \_\_\_\_\_ (the speaker), agree that :

1. The event is solely for education purposes.
2. The event is non-commercial related.
3. The event is complied with Fairfax County Public School and NVAECS policies and regulations.
4. No business practice name, information, and activities will be mentioned during approved event period and in school boundary.
5. No business practice promotion items, including business card and flyers, will be displayed and distributed.
6. No any material uses or implies the name of NVAECS.
7. NVAECS is not related to the content of the event.
8. NVAECS is not responsible for any accident occurs in the event activity due to the event program, the event provider signed below is fully taking responsibility.
9. NVAECS has right to cancel the event due to school operational need, a change notice will be sent out to confirm. In the case of ECS needs to cancel the event, ECS will do its best effort to notify the host as early as possible via the contact information provided in the application form.
10. NVECS can bill me for additional cost incurred by the event.

Submitting this application is not a confirmation to conduct your planned event. **PLEASE DO NOT SEND OUT NOTICES, PUBLICITY, INVITATIONS, ETC.** prior to receiving confirmation from ECS Authority.

As the applicant, I (we) understand that failure to complete this form may result in the application being turned down.

**PLEASE SIGN AND DATE BEFORE RETURNING THIS APPLICATION.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Speaker

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

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

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

Approved? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Check one only)

Approved By ECS Board: (2 department signatures required)

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

Fee Reviewed and Received By Finance: \_\_\_\_\_ Date: \_\_\_\_\_

Office Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_