



BCA BUILDING CONTRACTORS ASSOCIATION
OF SOUTHWESTERN IDAHO, INC.

"A Tradition of Building Excellence for Over 50 Years"

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TO: Builder Members of the BCASWI
FROM: Bobbie Schultz, 2009 Fall Collection of Homes Chair
SUBJECT: LETTER OF INTENT – Only 40 homes will be accepted

The Fall Collection of Homes

DATES AND HOURS OF THE SHOW:
Saturdays and Sundays: 11a.m. to 5 p.m.
October 3 & 4, 10 & 11 and 17 & 18, 2009

The 2009 Fall Collection of Homes is now being planned. Entries are on a first come first served basis. Only 40 homes will be accepted this year and second homes are only allowed upon availability. If you wish to enter the Fall Collection, *please read, initial, sign and return this Letter of Intent, your entry fee (see below), and certificates of worker's comp and liability insurance to the BCA office no later than July 21, 2009.*

ENTRY FEE: \$1,300
SIGN DEPOSIT: \$175.00 (\$35 of which is non-refundable)

REFUND OF FEES. A Builder may withdraw a Fall Collection home with written notice on or before August 4, 2009.

**** READ AND INITIAL LINES BELOW ****

_____ (initial) I am a current builder member in good standing with the BCASWI and will be throughout the duration of the show.

_____ (initial) I understand that my developer must be a current member with a developer membership in good standing throughout the duration of the show or my entry fee will double. I understand that my marketing agent must be a current member in good standing throughout the duration of the show or my entry fee will double.

Developer Name/Company

Agent Name/Company

_____ (initial) I am providing with this form insurance certificates evidencing liability and worker's compensation insurance per the contract. **Entry will not qualify without these certificates. NO EXCEPTIONS.**

_____ (initial) I am providing with this form my entry fee of \$1,300 plus a sign deposit of \$175.

_____ (initial) I want to enter a second home in the 2009 Fall Collection of Homes upon availability.

BCASWI BUILDER

_____ Date: _____

By: (signature) _____

Name: (print) _____

Its: (title) _____

ICR# (state registration) _____