CARBON COUNTY FAIR

**August 5-10, 2024**

**DISPLAY REGISTRATION FORM**

(No prepared food or candy)

**Please fill in all fields (Tab to enter fillable sections). Upon completion, print, sign and mail to the payment address provided below.**

**Please check one:** [ ]  *Non-profit* *[ ]* ⁭*Profit*

*Name of organization or business*: Business Name

*Contact person:* Full Name

*Street address:*  Street Address

*City/State:* City / ST *Zip code:* 00000

*Telephon*e: Telephone *Email address:* Email Address

*Items you will be displaying or selling:* Items displaying/selling

**ALL VENDORS SUBJECT TO APPROVAL BY VENDOR COMMITTEE.**

 **Minimum space size: 10’ x 10’**

1. Total size of area requested **000** ft frontage x **000** ft depth = **0000** sq ft x $1.50/sq ft = $**0000.00**

2. # vendor passes needed (15 supplied), additional passes **$3.50** each x **00** = $**000.00**

3. Vendor insurance, if supplied via CCLLFA insurance carrier @**$85.00 =** $**00.00**

Add lines 1, 2, and 3 and remit payment with registration form **TOTAL** $**0000.00**

 **PAYMENT**: 50% down by January 9, 2024. Balance due by July 1, 2024. Site will not be held

without payment. **All vendors must provide certificate of insurance, naming Carbon County**

**Fair or send additional $85.00 postmarked by July 1, 2024. NO EXCEPTIONS!**

Make checks payable to: **CCLLFA**

 PO Box 633

 Lehighton PA 18235-0633

NOTE: Check or money order must accompany registration form! **Money order only after July 1, 2024.**

 Questions, please call 610-826-1862.

**All returned checks will be charged a $25.00 fee. No refunds after June 1, 2024.**

**I agree to abide by all rules and regulations of the Carbon County Fair and accept all responsibility for my rented vendor space, product and/or services provided. I further agree to hold Carbon County Fair, its' board of directors, officers and volunteers free from any and all liability.**

***Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY

Initial Payment $ Check #  Date postmarked

Final Payment $ Check #

⁭[ ] Insurance certificate ⁭[ ] Purchase Insurance ⁭ [ ] Sales Tax ID number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭[ ] Approved by vendor committee ⁭ [ ] Paid in full ⁭[ ] Packet mailed ⁭[ ] Additional passes\_\_\_\_\_\_