

**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

Telephone: 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 # _____		
<input type="checkbox"/> Insurance certificate	<input type="checkbox"/> Purchase Insurance	<input type="checkbox"/> Sales Tax ID number _____	
<input type="checkbox"/> Approved by vendor committee	<input type="checkbox"/> Paid in full	<input type="checkbox"/> Packet mailed	<input type="checkbox"/> Additional passes