

CARBON COUNTY FAIR

August 5-10, 2024

LARGE USER REGISTRATION FORM (No prepared food or candy)

Please fill in all fields. Upon completion, print, sign and mail to the payment address provided below.

Please type or print clearly Please check (✓ one) Non-profit Profit

Name of organization or business _____

Contact person _____

Street address _____

City/State _____ Zip code _____

Telephone _____ Email address _____

Items you will be displaying or selling _____

Please indicate your electrical needs 110 220

ALL VENDORS SUBJECT TO APPROVAL BY VENDOR COMMITTEE.

Minimum size: **600 square foot**. This category must purchase 25 foot in **depth**, minimum.

- Total size of area requested ___ ft frontage x ___ ft depth = ___ sq ft x \$0.75/sq ft = \$ _____
 - # vendor passes needed(15 supplied) Additional passes **\$3.50** each x ___ = \$ _____
 - Vendor Insurance, if supplied by CCLLFA insurance carrier @ **\$85.00** \$ _____
- Add lines 1, 2, and 3 and remit payment with registration form **TOTAL \$** _____

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