

CARBON COUNTY FAIR

August 4-9, 2025

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.

- | | |
|--|-----------------------|
| 1. Total size of area requested ____ ft frontage x ____ ft depth = ____ sq ft x \$0.75/sq ft = | \$ _____ |
| 2. # vendor passes needed(15 supplied) Additional passes \$3.50 each x ____ = | \$ _____ |
| 3. 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 February 27, 2025. Balance due by July 1, 2025. 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, 2025. NO EXCEPTIONS!**

Make checks payable to: CCLLFA

Bob Silliman, Vendor Chairperson
250 Lentz Trail
Jim Thorpe, PA 18229

NOTE: Check or money order must accompany registration form. **Money order only after July 1, 2025.**

Questions, please call 570-657-7129.

All returned checks will be charged a \$25.00 fee. No refunds after June 1, 2025.

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 _____

☐ Additional passes _____

☐ Approved by vendor committee

☐ Paid in full

☐ Packet mailed