

2017 ATLANTICFEST CRAFTER REGISTRATION FORM

Saturday, August 12th, 2017

Contact Name _____

Business Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

E-Mail _____ Sales Tax # _____

If you do not have an Iowa sales tax ID #, we will assign you a temporary permit for the festival. Forms will be available at check in.

Booth Preference: _____

(Placement preference is on a first come first served basis.)

10 ft x 12.5 ft Space total \$40 x _____ Number of Spots = TOTAL \$ _____

Types of merchandise or crafts: _____

Special Requests: _____

(Vendor is responsible for providing all extension cords, power strips and duct-tape to tape cords to the street.)

WAIVER: I hereby release the Atlantic Area Chamber of Commerce, the city of Atlantic, the Atlantic Park Board, and any and all affiliated parties from any liability for injuries or damage incurred by myself, members of my party, or my property as a direct or indirect result of my participation in this event.

Registration and Payment due by Tuesday, August 1, 2017.

Applicant's Signature _____

Date _____

Please keep a copy for your records and return the original to the address below.

Thank you!

