


CLARINDA CHAMBER OF COMMERCE CRAFT CARNIVAL



I will need ____ spaces - \$45 per space and ____ tables - \$10 each

IA Tax Permit # _____ Electricity _____ (not guaranteed)

Type of Exhibit _____

 Exhibit/Craft Facebook Page (if available) _____

Name _____

Address _____

City _____ State ____ Zip _____

Phone Number _____ Cell Number _____

Email Address _____

Yes or No (circle): I prefer receiving future registration forms via email.

Special Requests (not guaranteed) _____

OFFICE USE ONLY

Total Amount Paid: _____ Check #: _____ Date Received: _____