

**CLARINDA CHAMBER OF COMMERCE CRAFT CARNIVAL**

I will need \_\_\_\_ spaces - \$50 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) \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
Total Amount Paid: _____	Check #: _____	Date Received: _____