


2024 CLARINDA CHAMBER OF COMMERCE CRAFT CARNIVAL

I will need _____ spaces - \$50 per space and _____ tables - \$15 each

IA Tax Permit # _____ Electricity Yes or No (circle)
(not guaranteed)

Type of Handmade Craft/Exhibit _____

 Facebook Page _____

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: _____