



**4th ANNUAL PICNIC IN THE PARK
AUGUST 15, 2015
1pm – 8:30pm**

EXHIBITOR REQUEST FORM

Exhibitor Company Name: _____

Contact Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone: _____

Email: _____

Booth Description: _____

Mail Completed Forms to:

**Brooklyn Chamber of Commerce
PO Box 44038
Brooklyn, OH 44144**

Questions, contact Valerie Thompson
Email: asstdir@brooklynohiochamber.org
Phone: 216.288.5484
www.brooklynohiochamber.org