

EXHIBITOR FORM

Please Print

Street:			
City:	State:	Zip:	
Home Phone:		· · · · · · · · · · · · · · · · · · ·	
Cell Phone:			
E:Mail:			
Fax:			
4 111		ULES	
	ARE SUBJECT TO THE A		
	<u>NO BOTTLED WATER,</u> LLOW THIS RULE WILI		
NO FEES REFUNI		L RESULT IN ESEC	CHON FROM THE FE
	WILL BE PLACED AT TH	HE DISCRETION O	F THE COMMITTEE
4. ALL EXHIBITORS	MUST COMMIT TO BOT	H DAYS DURING I	EVENT HOURS
5. THE FESTIVAL CO	OMMITTEE RESERVES T	HE RIGHT TO DEC	LINE ANY EXHIBITOR
	N EXHIBITOR'S PROGRA		
	MUST PROVIDE THEIR		
	& 19 HOURS: SAT: 2:00		
	TURE OF YOUR EXHIBIT (If a	an item is not listed on thi	is sheet, it is not allowed at the
DESCRIPTION & NA	`		
DESCRIPTION & NA			
DESCRIPTION & NA			
DESCRIPTION & NA			
	ck one YES NU	MBER OF OUTL	LETS: NO
ELECTRIC— CHEC	EK ONE YES NU	X \$75.00 +	
ELECTRIC— CHEC NUMBER OF (NON-PROFIT EXHIBI		X \$75.00 + VED AT DISCRETION	ON OF THE COMMITTE

DEADLINE: FRIDAY JUNE 19th, 2015INFORMATION NEEDED? CONTACT, ALISON PICKEL AT 610-739-1512 OR alisonp@lehighvalleychamber.org
FAX: 610-330-9177

RETURN FORM TO: PHILLIPSBURG OLE TOWNE FESTIVAL 675 CORLISS AVE. PHILLIPSBURG, NJ 08865

COMMITTEE USE ONLY DATE RECEIVED: