



DEPARTMENT OF THE ARMY
FAMILY AND MORALE, WELFARE AND RECREATION
DIRECTORATE, US ARMY GARRISON, CARLISLE BARRACKS
46 ASHBURN AVENUE
CARLISLE, PENNSYLVANIA 17013-5042

TO: Crafters

SUBJECT: Christkindlesmarkt 2019 – Holiday Craft Show

We are now accepting applications for the 2019 Christkindlesmarkt Holiday Craft Show. This year's event will take place on December 7, 2019 from 9 a.m. – 2 p.m. at The U.S. Army Heritage and Education Center (AHEC) located at 950 Soldiers Drive, Carlisle, PA 17013. A registration form is attached with event details. I have also attached a boxed lunch menu for those desiring to purchase a meal.

Based on customer feedback, applications will be screened to assure the person(s) applying to participate in the event are selling crafts. Examples are handmade crafts, food, jewelry, etc. If there are any questions about your particular craft, please do not hesitate to contact me.

For those interested in participating, registration runs through November 1, 2019 and late registration runs through November 15, 2019. Registrations received after November 1, 2019 pay the late registration fee of \$55 as noted on the registration form. Please fill out the registration form, attach a check, or money order and mail it to the address listed on the form. There are no refunds after November 1, 2019. There will be no exceptions.

Due to Installation Force Protection requirements, each Non-Department of Defense (DOD) ID card participant attending the craft show must fill out the attached Access Control Application. Please remember that each member of your group must fill out the form and return it with your vendor registration form. Passes will be distributed to you at the event.

We are looking forward to another successful event with you. If you have any questions, please contact me at vendor.info@carlisle.mwr.com or call 717-245-4616.

Sincerely,
Laurence Watson
Event Coordinator



Vendor Registration Form

Christkindlesmarkt

December 7, 2019 • 9 am - 2 pm

Business Name: _____ Point of Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Contact Email: _____

Nature of Display / Business: _____

Name of Attendee (s): _____

IMPORTANT GUIDELINES - PLEASE READ CAREFULLY!

- \$45 for one (1) 8'x8' (approximate) space **(Additional Optional Charges, see below)**
- Select your own location for an additional fee. See details below.
- **Late Registration (After November 2) - \$55 (Additional Optional Charges, see below)**
- **NO REFUNDS after November 1**
- **Registration cutoff date November 15**
- Payment must be made at time of registration. **Checks and/or money orders should be made payable to "IMWRF Carlisle Barracks".**
- **Set-Up Evening Before Event (recommended):** December 6 / Noon-7:00 pm **Day of Event:** December 7 / 6:00-8:45 am.
- Christkindlesmarkt begins December 1 at 9:00 am. Late comers will not be permitted to set-up due to safety concerns.
- In addition to your booth set up please allow at least 45 minutes for security checks, unloading and parking.
- Vendors will park in designated areas. Follow signage to the parking lots.
- Only one (1) vendor per space is permitted. Each vendor must purchase their own space.
- Final instructions will be sent no later than November 27, 2019 via email.

*FMWR is not responsible for or liable for any lost, damaged or stolen items. All vendors' supplies will be their own liability. Registrants and participants of the "Christkindlesmarkt" at the U.S. Army Heritage and Education Center hereby release all parties involved, including but not limited to the FMWR, from any and all liabilities arising from this event. Any vendor not abiding by the guidelines and regulations of the event will not be invited to return. By signing this agreement I understand that I am being granted permission and access to the installation as a guest and that I can be required to leave at any time at the discretion of the installation leadership. I am agreeing to follow all the policies, procedures, practices and laws associated with my operation and presence on the military installation and that I will not endorse support of condone illegal, immoral, racist, discriminatory, lewd or inappropriate actions or conduct while being permitted to conduct vendor operations upon the installation. I further acknowledge that my organization does not espouse racist or extremist causes and that I do not endorse or support the overthrow of the United States government and will not promote political or ideological agendas or causes while conducting business upon the installation and the products I sell will not espouse or support these activities or beliefs. **I have read all instructions and hereby agree to all the stated conditions.***

Vendor Name: _____ Date: _____

FEES

Registration \$45 per space x _____ = \$ _____

Late Registration (After November 9) \$55 per space x _____ = \$ _____

Additional Optional Charges:

Select Your Top 5 Location Choices: _____ \$10 = \$ _____

Tables \$5 per table x _____ = \$ _____

Table Cloths: Black \$5 per table x _____ = \$ _____

Chairs \$3 per chair x _____ = \$ _____

Electricity \$25 = \$ _____

Note: You will be responsible to provide your own extension cord. Series circuit extension cords are not permitted per Post Safety Officer

Lunch (from lunch form) \$10 per lunch x _____ = \$ _____

TOTAL = \$ _____

Total Amount Enclosed: = \$ _____

METHOD OF PAYMENT (CHECK ONE)

Check (Payable to "IMWRF Carlisle Barracks")

Money Order

ADDITIONAL INFORMATION

I have a DoD ID Card

Please remember that all non-DoD ID Card carrying vendors 18 and older must complete an Access Control Application.

Checks should be made payable to "IMWRF Carlisle Barracks" and mailed to Christkindlesmarkt 2019
842 Sumner Road
Carlisle, PA 17013

717-245-4616 | events@carlislewmr.com

DFMWR EMPLOYEE USE ONLY:
Staff Signature: _____ Date: _____



Boxed Lunch Order Form

Christkindlesmarkt

December 7, 2019 • 9 am - 2 pm

Dear Christkindlesmarkt Participant,

On the day of the event, for your convenience, we will have boxed lunches available at the cost of \$10 per lunch. If you desire to order, please include your boxed lunch order form and payment along with your Christkindlesmarkt Registration form and payment.

Your box lunch will be delivered to you between 11:00 a.m. and 12:30 p.m. on the day of the event.

BOXED LUNCHES - \$10 (check type and quantity)

Each Boxed Lunch includes: Chips, Apple, Cookie, and Water.

Business Name: _____ Point of Contact: _____

Ham and Cheese Sandwich (comes with mustard) Qty _____ x \$10 = \$ _____

Turkey and Cheese Sandwich (comes with mayo) Qty _____ x \$10 = \$ _____

BOXED LUNCH TOTAL = \$ _____

DFMWR EMPLOYEE USE ONLY:

Staff Signature: _____ Date: _____



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Business Name: _____ Point of Contact: _____

Ham and Cheese Sandwich (comes with mustard) Qty _____ x \$10 = \$ _____

Turkey and Cheese Sandwich (comes with mayo) Qty _____ x \$10 = \$ _____

BOXED LUNCH TOTAL = \$ _____

DFMWR EMPLOYEE USE ONLY:

Staff Signature: _____ Date: _____

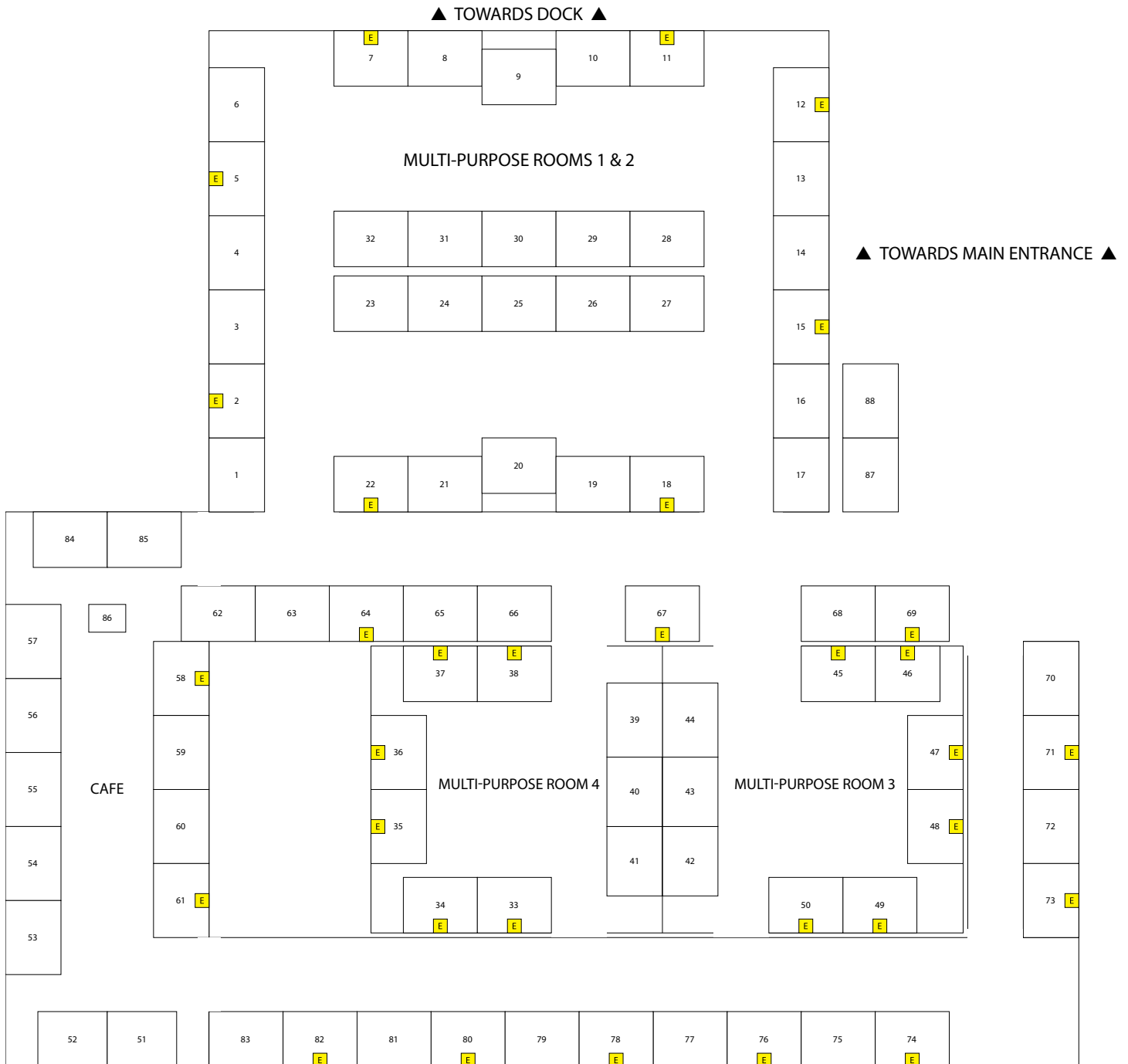


Table Layout

Christkindlesmarkt

December 7, 2019 • 9 am - 2 pm

Below is the table layout for Christkindlesmarkt. If you would like to choose your table location, please write your top five choices on the Vendor Registration Form under the Additional Optional Charges section. Every space is a "full" 6'x8' space. **E** denotes a space with access to an electrical outlet.



CARLISLE BARRACKS INSTALLATION ACCESS CONTROL APPLICATION

Please provide the following information for completion of a National Crime Information Center (NCIC) and Army Law Enforcement Reporting and Tracking System (ALERTS) Installation access check.			
NAME: _____		_____	
Last, First, Middle		Maiden (If applicable)	
SSN#: _____	DRIVERS LICENSE # / STATE ID #: _____	STATE: _____	
DOB: _____	PRIMARY PHONE: _____	SEX: _____	
(Date of Birth) YYYY/MM/DD			
HOME ADDRESS: _____			
Street		City	State
Zip			
REASON FOR VISIT:			
<input type="checkbox"/> GOVERNMENT SPONSOR INFORMATION: _____ <div style="text-align: center;">(NAME/AGENCY/PHONE #)</div>			
END DATE OF PASS REQUESTED: _____		_____	
(NOT TO EXCEED ONE YEAR)		GOVERNMENT SPONSOR SIGNATURE	
<input type="checkbox"/> NO GOVERNMENT SPONSOR		REQUESTED END DATE OF PASS: _____ <div style="text-align: right;">NOT TO EXCEED 30 DAYS</div>	
I have been advised that my gaining access to the Carlisle Barracks Installation is contingent upon successful completion of a criminal history background check. I understand that the background check includes accessing information within the NCIC and ALERTS. I have been advised that all information received from these checks will be maintained within the Directorate of Emergency Services and properly destroyed at the completion of the purpose of request.			
SIGNATURE OF APPLICANT: _____			
LAW ENFORCEMENT USE BELOW THIS LINE ONLY			
<input type="checkbox"/> No adverse information found. <input type="checkbox"/> Adverse information found Installation Access Control is cleared by this office. <input type="checkbox"/> Adverse information found Installation Access Control is NOT cleared by this office.			
PRINT NAME / SIGNATURE / DATE _____			
INITIALS & DATE OF CHECK ONLY			
DL	NCIC	ALERTS	PASS#
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY: 5 USC 552a(b), 10 USC 3013, Title 10 United States Code, Section 3012(g), E.O. 9397 PRINCIPLE PURPOSE: To provide law enforcement officials with means by which information may be accurately identified in order to enforce security provisions. ROUTINE USE: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary. Failure to disclose the information requested precludes consideration of an application for access to the Carlisle Barracks Installation through the use of a temporary pass or as part of an event list. Personnel not submitting to a background check will be denied unescorted access to the Carlisle Barracks Installation.			