

Registration Form Carlisle Barracks Fall Festival

SAULIES. HETTHERS OF		October 15, 2022 • 7 am - 2 pm
Name of Attendee (s):		
Business Name (if applicable):		
Address:		
		Zip Code:
Contact Phone:	Conto	ct Email:
Nature of Display / Business (if applicable):		
IMPORTANT GUIDELINES - PL	EASE READ CAREFULLY	
IMI OKIANI GOIDELINES - I E	LASE READ CAREFULLT:	
 Spaces are randomly assigned by the Once a participant has been assigned the street from the event site. Once the event begins, no other vend No firearms may be displayed or sold All unsold items must be taken away to be taken awa	event coordinator. Participals event coordinator in the order the region of a space, they must unload, then immediates may have access to the event area. By the participant. Nothing can be left the properties of the event area.	strants arrive the morning of the event. ediately move their vehicle to the designated parking lot across of for safety reasons. Dehind. Indoors' supplies will be their own liability. Registrants and parties involved, including but not limited to the FMWR, from any and regulations of the event will not be invited to return. No to inclement weather or for reasons beyond control, it will be
Vendor Signature:	Date:	
FEES		ADDITIONAL INFORMATION
Registration (One 15' x 15' space)	\$30 per space x= \$	Are you or one of your employees handicapped? Yes No

Additional Optional Charges: \$35 per tent x _____= \$____ Tent (10' x 10') Tent (10' x 20') \$45 per tent x _____= \$____ \$5 per table x _____= \$____ Tables \$3 per chair x _____= \$____ Chairs = \$_____ TOTAL

Total Amount Enclosed:

☐ 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 Fall Festival 2022 46 Ashburn Drive Carlisle, PA 17013

DFMWR EMPLOYEE USE ONLY:	
Staff Signature:	_Date:

= \$_____