

**CARBON COUNTY FAIR**  
**August 4-9, 2025**  
**DISPLAY REGISTRATION FORM**  
**(No prepared food or candy)**

**Please fill in all fields. Upon completion, print, sign and mail to the payment address provided below.**

**Please type or print clearly** Please check (✓ one)   *Non-profit*   *Profit*

Name of organization or business \_\_\_\_\_

Contact person \_\_\_\_\_

Street address \_\_\_\_\_

City/State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Items you will be displaying or selling \_\_\_\_\_

**ALL VENDORS SUBJECT TO APPROVAL BY VENDOR COMMITTEE.**

**Minimum space size: 10' x 10'**

1. Total size of area requested \_\_\_\_ ft frontage x \_\_\_\_ ft depth = \_\_\_\_ sq ft x \$1.50/sq ft = \$ \_\_\_\_
  2. # vendor passes needed (15 supplied) Additional passes **\$3.50** each x \_\_\_\_ = \$ \_\_\_\_
  3. Vendor insurance, if supplied via CCLLFA insurance carrier **@\$85.00** \$ \_\_\_\_
- Add lines 1, 2, and 3 and remit payment with registration form **TOTAL \$ \_\_\_\_**

**PAYMENT:** 50% down by January 10, 2025. Balance due by July 1, 2025. Site will not be held without payment. **All vendors must provide certificate of insurance, naming Carbon County Fair or send additional \$85.00 postmarked by July 1, 2025. NO EXCEPTIONS!**

Make checks payable to: **CCLLFA**  
PO Box 633  
Lehighton PA 18235-0633

NOTE: Check or money order must accompany registration form! **Money order only after July 1, 2025.**  
Questions, please call 610-826-1862

**All returned checks will be charged a \$25.00 fee. No refunds after June 1, 2025.**

**I agree to abide by all rules and regulations of the Carbon County Fair and accept all responsibility for my rented vendor space, product and/or services provided. I further agree to hold Carbon County Fair, its' board of directors, officers and volunteers free from any and all liability.**

**Signature** \_\_\_\_\_

FOR OFFICE USE ONLY			
Initial Payment \$ ____	Check # ____	Date postmarked ____	
Final Payment \$ ____	Check # ____		
<input type="checkbox"/> Insurance certificate	<input type="checkbox"/> Purchase Insurance	<input type="checkbox"/> Sales Tax ID number	_____
<input type="checkbox"/> Approved by vendor committee	<input type="checkbox"/> Paid in full	<input type="checkbox"/> Packet mailed	<input type="checkbox"/> Additional passes