

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 February 27, 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**
 Bob Silliman, Vendor Chairperson
 250 Lentz Trail
 Jim Thorpe, PA 18229

NOTE: Check or money order must accompany registration form! **Money order only after July 1, 2025.**
 Questions, please call 570-657-7129.

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"/>
<input type="checkbox"/> Approved by vendor committee	<input type="checkbox"/> Paid in full <input type="checkbox"/>	<input type="checkbox"/> Sales Tax ID number _____	<input type="checkbox"/> Additional passes _____
		<input type="checkbox"/> Packet mailed	