

CARBON COUNTY FAIR

August 4-9, 2025

MOBILE HOME, RV OR TRAILER REGISTRATION FORM

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 _____

Please indicate your electrical needs 110 220

ALL VENDORS SUBJECT TO APPROVAL BY VENDOR COMMITTEE.

Minimum size: 1000 square foot. This category must purchase 25 foot in depth, minimum.

1. Total size of area requested ___ ft frontage x ___ ft depth = ___ sq ft x \$0.50/sq ft = \$ _____
 2. # vendor passes needed (15 supplied) Additional passes **\$3.50** each x ___ = \$ _____
 3. Vendor Insurance, if supplied by CCLLFA @ **\$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 mobile home, RV, or trailer. 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 # _____

Insurance certificate

Purchase Insurance

Sales Tax ID number _____

Additional passes _____

Approved by vendor committee

Paid in full

Packet mailed