## Chichester Old Home Days Friday & Saturday, August 15 & 16, 2014 EXHIBITOR FORM

## PLEASE RETURN THIS COMPLETED FORM BY AUGUST 1, 2014

Contact Information		
Name		
Street Address		
Address line 2		
City, State, Zip		
Phone		
Email		
Craft/Product/Service	Information	
Craft/Product/		
Service Information		
	Harractive for attendees to do, i.e. game, craft, give-away ite	am(s)
raffle, etc? If yes, plea		(3),
rame, etc. ii yes, pied		
Since no electricity is p Generators will be	provided, will you be bringing and using a generator? If so, what	t type and size?
inspected		
Inspector's Initials:	Date Inspected:	
Event Information		
	# of spaces	Total Spaces
Space Requirement	♦ 10'x10' space FREE x	
	♦ 12'x12' space FREE x	
NOTE: All applications are subject to review by the Chichester Old Home Days Committee. Placement		
Fireworks are on Frida	e-served basis. Vendors must supply their own tables, chairs, and night. Although nonprofits may set up Fri 3-6pm to exhibit, ecurity on Fri eve, it may be best to set up Sat 7-9am; it's your o	because of lack of
instructors for acciden assumes any and all re cleaned and made pre-	d Recreation Department, commissioners, staff, volunteers, coants that may result for the entire program/event. The requesting sponsibility when using the facility for special use and willsee the sentable before leaving the premises and will immediately report INFORMATION AND UNDERSTAND IT IN FULL. I UNDERSTAND	gorganization ne facility is ort any damages.
Signature of Applicant	Print Name	Date
Please mail form to:	Ann Davis, Secretary 261 Horse Corner Road Chichester, NH 03258 chichesteroldhomedays@yahoo.com	603-903-3891

Note: Please make a copy of completed form for your records