Registration Form

Vendor: \$50 due by May 26TH Non-Profit Org. : \$30 by May 26

REGISTRATION FEES ARE NON-REFUNDABLE

Saturday, June 8th, 2023, 11:00 AM – 5:00 PM Indian Head Mall and Pavilion



Please complete this entire section:

	•						
Organizatio	on Name:						
Point of Contact: Street Address:							
				Mailing Ad	dress (if different):		
City:		State:	Zip Code:				
Primary Ph	one (cell/home/work):						
Alternate Phone (cell/home/work):							
Email Addr	ess:						
Website: Special Requirements (handicap access, etc.): Describe your booth display:							
				Site prefer	ence (circle one): Inside Pavilion_	Outside Pavili	on
No Prefere	nce						
Number of	booth spaces required:	x registration fee =	: \$				
Number of	8ft Table space required:	_x registration fee = \$_					
PLEASE NOT	TE:						
• Fees are based on one 10' x 10' tent space outside or one 8ft long table indoors.							
• Elec	tricity is not available.						
You	are responsible for providing all tables	s, chairs, popup tents, can	opies, display hardware, etc.				
• Exhibitors are encouraged to create, demonstrate, and actively engage the public throughout the day. Hands-on activities are also encouraged for children and adults.							
 In case of severe weather, call the CCAA office at 301-392-5900 for a recorded message. 							
Cancelation will be determined by 6:00 PM on Friday, June 7th. Rain day TBD.							
 Vendors and Exhibitors not in their booth spaces by 11:00 AM will not be allowed to enter. All 							
participants agree to remain in their space until they are directed by a CCAA representative to							
•	close down, at 4:30 PM or 5:00 PM.						
ClOS	c down, at 4.30 i ivi or 3.00 i ivi.						
By signing t	his form, you agree to all terms. Pleas	e mail this completed for	m and your payment to				
Charles Cou	nty Arts Alliance, PO Box 697, White I	Plains MD 20695. OR pay	through PayPal				
Signature		 Date					