2024 A ⁻	FLANTICFEST ACTIVITY BOOTH REGISTRATION FORM Saturday. August 10th, 2024
Contact Name	
Business Name	
Address	
City/State/Zip	
Phone	Cell
E-Mail	Sales Tax #
 (Placement preferer 15 ft x15 ft Space to (Activity Booth red Type of Activity: Special Requests: WAIVER: I hereby red Park Board, and any myself, members of event. 	ince is on a first come first served basis.) ince is on a first come first served basis.) ince is on a first come first served basis.) ince is \$60 x Number of Spots = TOTAL \$
Applicant's Sig	nature Date
	Please keep a copy for your records and return the original to the address below. Thank you!

ATLANTIC AREA CHAMBER OF COMMERCE

BUSINESS BASED. COMMUNITY MINDED.

Atlantic Area Chamber of Commerce 102 Chestnut, Atlantic, IA 50022 www.AtlanticIowa.com · chamber@atlanticiowa.com