

2024 ATLANTICFEST CRAFTER REGISTRATION FORM

Saturday, August 10th, 2024

Contact Name _____

Business Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

E-Mail _____ Sales Tax # _____

Booth Preference: _____

(Placement preference is on a first come first served basis.

Please note that craft booths will be on 6th Street)

10 ft x12.5 ft Space total \$60 x _____ Number of Spots = TOTAL \$ _____

(Activity Booth rental fee is \$50 for local civic organizations)

Types of merchandise or crafts: _____

Special Requests: _____

*(Vendor is responsible for providing all extension cords,
power strips and duct-tape to tape cords to the street.)*

WAIVER: I hereby release the Atlantic Area Chamber of Commerce, the city of Atlantic, the Atlantic Park Board, and any and all affiliated parties from any liability for injuries or damage incurred by myself, members of my party, or my property as a direct or indirect result of my participation in this event.

Registration and Payment due by Monday, August 5th, 2024.

Applicant's Signature

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