





NAME:		· ·
SIGNATURE:		
	STATE:	ZIP:
PHONE:		
RESERVE #:	of spaces or feet from JULY:	TO:
RULE	S AND REGULATION (Please Read Carefully)	DNS
Please print name and address space(s). Fill out all informations	ess and return one copy by April 30, with payı ation.	ment to reserve your
	t reserved will become available to those wait ed a space next year. <i>NO REFUNDS.</i>	ing. If you do not show
	precautions for the safety of exhibits, but will tion by other means. No cooking oil is to be lorear.	
grounds or set up until Wed additional electrical hood up into County Health Departm	after Wednesday, July Vendors canno Inesday 9:00 a.m Food booths are 1/50,00 (p p for freezers or refrigerator uses). Food pern Ient at least 30 days prior to Show. A certifica Is soon as possible prior to show.	lus \$25.00 for each nits need to be turned
	o 9:00 p.m., Thursday though Saturday. Sund be open all 4 days. Service hours are at your	
the final say if a problem or	exhibits will be placed by the superintendent. question comes up. Exhibitors are required to cated. Two passes will be issued for each books of for helpers.	o park their campers
7. Please list all foods, drinks,	desserts, etc. You will be selling:	

Mail Contract To:____

PLEASE MAKE CHECK PAYABLE TO: NIPFTP ALCOHOL ON GROUNDS IS PROHIBITED BY LOCAL TOWN LAWS.