2008 TIME SHARE BOOTH APPLICATION

Orting Chamber of Commerce
Orting Festival in the Park
Po Box 1418 Orting, WA 98360-1418
www.ortingchamberofcommerce.com

FESTIVAL IN THE PARK

Saturday
AUGUST 16, 2008
9:00 A.M. – 6:00 P.M

For Official Use Only

Date Received _____
Booth Fee: _____
Check # _____
Booth Assignment _____
Packet Mailed _____

COMPANY / ORGANIZATION: _____

BOOTH NAME (This is the only signage allowed on booth)_____

CONTACT NAME:_____

MAILING ADDRESS: _____CITY: _____STATE: ____ Zip: _____

PHONE: _____ FAX: _____ EMAIL:_____

CELL PHONE NUMBER FOR DAY OF EVENT: _____

WEB SITE: _____

Did you participate in 2007? ☐Yes ☐No Booth Number _____ Prefer same booth ☐Yes ☐No

Business Type: ☐'08 Orting Chamber of Commerce Member ☐ Local Business (within city limits)
☐ Other Business (outside city limits) ☐ Non-Profit ☐School Organization
☐ Other (*specify)*_____

BOOTH TYPE / CATAGORY

Time Share Booth is a 10' X 10' canopy with one 6' table and two chairs. Booth occupant must supply all other booth needs during your time share schedule. Time Share Booths are available on a first some first serve basis.

Vendor Category: ☐Political/Issues ☐ Organization/Service Club ☐ Professional
☐ Educational ☐ Religious/Church Group ☐Advocacy
☐ Health & Human Services ☐ ☐ ☐ Cultural Arts
Other (*specify*)_____

Booth Information: Please describe in detail. Include a copy of literature and/or photo of promotional items
☐ Merchandise: NO SALES ALLOWED all merchandise must be free (giveaways or promotional)

_____

_____

☐ Activity: Activity must be free. Describe activity.

_____

_____

☐ Information: (no merchandise or activity) include copy of literature

_____

_____

TIME SHARE BOOTH SCHEDULE (please specify first, second, and third choices)

_____ 9AM – Noon _____ Noon – 2PM _____2PM – 4PM _____4PM – 6PM

Vehicle Make/Model & License Number(s)_____ Handicap _____

CLASSIFICATION	FEE (per time share)	TOTAL NO. OF TIME SHARES	TOTAL
Chamber of Commerce Member	$ 20.00	X _____ =	_____
Professional Services	$ 30.00	X _____ =	_____
Political / Issues	$ 30.00	X _____ =	_____
Service Clubs / Organizations	$ 25.00	X _____ =	_____
Non-Profit	$ 25.00	X _____ =	_____

NON-REFUNDABLE APPLICATION FEE = _____

By affixing my signature, I acknowledge that I have read in full, signed, and returned this application and a copy of the Vendor Rules & Requirements Agreement and agree to all of the rules, regulations, & requirements stated within.

Signature_____ **Date**_____

Festival Event Coordinator Traditional Moments, Debora Klingenberg 360-893-6856 Traditional_Moments@comcast.net