

NO-HONORARIAN



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: _____

CONTACT NAME: _____

MAILING ADDRESS: _____ CITY _____ STATE: _____ ZIP CODE: _____

PHYSICAL ADDRESS OF BUSINESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

CELL PHONE NUMBER FOR DAY OF EVENT: _____

WEB SITE: _____

TAX NUMBER: _____ UBI NUMBER: _____

Vendors are responsible for collecting, reporting, and paying all WA State sales tax to the State of WA as required by WA State Law

Did you participate in 2007? Yes No Booth Number _____ Prefer Same Booth Yes No



BOOTH TYPE / CATAGORY

Business Type: '08 Orting Chamber of Commerce Member Local Business (within Orting City Limits)
 Orting Farmers Market Member Other Business (outside city limits) Non-Profit
Vendor Category Local Business (inside city limits) Arts & Crafts Non-Profit Health & Wellness
 School Organization Other *specify* _____

Sales Booth: please describe items you intend to sell, you may write in spaces provided or attach separate list. Include photo of your items and booth

Non-Sales Booth: describe nature of display or activity, list any items/literature you will be giving away you may attach separate list. Include photo or drawing of booth and contents

BOOTH LAYOUT: attach a drawing or photos of your booth (photos will not be returned)

Number of 10' X10' Booth Spaces required: _____

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

CLASSIFICATION	FEE (per 10'x10' space)	TOTAL NO. OF BOOTHS	TOTAL
Chamber of Commerce Member	\$ 50.00	X _____	= _____
Local Business	\$ 55.00	X _____	= _____
Orting Farmers Market Member	\$ 55.00	X _____	= _____
Other Business	\$ 60.00	X _____	= _____
Non-Profit	\$ 50.00	X _____	= _____
Early Application Discount (Postmarked April 25, 2008)	\$ 10.00		= _____
TOTAL APPLICATION FEE =			_____

VENDOR CHECKLIST

- Completed and signed application
- Two or more photos of items you intend to sell (non-returnable)
- Photo or drawing of booth
- Photo or detailed drawing of display or activity (non-sales booth)
- RETAIN a copy of the Rules & Regulations Agreement for your records
- Money Order or Check made out to 'Orting Chamber of Commerce'

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 _____