**Booth Registration Form**

Agency/Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the box below, please mark which booth you will have at the event with a description of what you will be selling.**

|  |  |  |
| --- | --- | --- |
| **Informational/Resource Booth: FREE**  **(NO SALES)** | **Craft Vendor: $0**  Craft vendors are responsible for getting sellers permits. | **Food Vendor: $0**  Food vendors are responsible for contacting the Health Department at (530)251-8528 regarding health permits. |
|  |  |  |

**Please mark below whether you will need electricity:**

* Yes, I need electricity
* No, I do not need electricity

**Craft and food vendors please submit proof of permits with this registration form.**

We are asking participants to please *provide their own tables, chairs, canopy, signage, and decorations* for booths. This is in effort to streamline set up and tear down in case of adverse weather. Thank you for your participation in this year’s event!

LFS will not assume responsibility for lost or damaged items or personal injuries.

By my signature, I certify that I have read and accept the attached terms and conditions of Lassen Family Services.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have any questions, please contact Rhonda Fuller at 530-257-5459**