

Date:	Please return applic	ation by August 30, 202
NAME:	PHONE:	
BUSINESS OR ORGANIZATION:		
ADDRESS:	CITY	, PA ZIP
EMAIL:		
We will be using the marked parking spaces	s on the street. They are approximately 19' long.	
Will you need more than 1 parking space	e (Limit 2 per member, pending available space)	☐ Yes ☐ <b>No</b>
Do you have a location preference?	☐ Yes ☐ No If yes, where?	
/hat will your booth feature?		
/ill you donate a gift basket or certificat	e toward the basket auction? YES NO (Reque	est by October 17).

## **IMPORTANT INFORMATION**

- We do NOT supply electricity. You are responsible for making your own arrangments for electricity.
- We do NOT supply extensions cords or electrical hook-ups.
- Canopies/tents should be exceed more than 10' into the street when placed up against the sidewalk and should be stable on a brick surface.
- Tables and chairs—You are responsible for bringing your own table, chairs and other items.

## - THIS EVENT IS FOR OAKMONT CHAMBER MEMBERS ONLY -

Please return this form to the Oakmont Chamber of Commerce:

Mail to:
Oakmont Chamber Fall Festival
P.O. Box 384
Oakmont PA 15139

Email to: info@oakmont-pa.com