WEB-APPLICATION FOR THE MILLERSPORT SWEET CORN FESTIVAL

	DATE:			
We (Name of Organization)				
hereby apply for a concession space at the MILI	LERSPORT SWI	EET CORN FESTIV	AL.	
We would be interested in: Game of Skill Game of Chance	; Food	; Novelty	;Display only	;
Your Cost: A participation fee is required with gross income is required to be paid at the close				e of your
Duplication of game or food is at the discretion	of the Sweet Cor	n Festival Concessio	ons Chairperson.	
ON THE BACK OF THIS PAGE IDENTIFY THAT YOUR ORGANIZATION WOULD LIF				E OF SKILL
Do you have your own trailer or tent? If a	so, give descripti	on of trailer or tent o	n back of page.	
The money we would raise at the Millersport Sw	veet Corn Festiva	al will be used to:		
or donated to:				
whose address is:				
Non-Profit Organization Number: (State of Oh Required – any application without this num				
We certify this to be true: (Print Name, Address and Email)				
President:	Phone:	Ema	il:	
Address:				
Signature:				
Secretary:	Phone:	Ema	uil:	
Address:				
Signature:				

Please mail or email this application to: Kitty Keller, Concessions Chairperson; P.O. Box 337, Millersport, Ohio 43046 (e-mail address: <u>SCFConcessions@yahoo.com</u>)

TO BE CONSIDERED FOR PARTICIPATION RETURN AS SOON AS POSSIBLE