WEB-APPLICATION FOR THE MILLERSPORT SWEET CORN FESTIVAL

		DATE:		
We (Name of Organization)				
hereby apply for a concession space at t			VAL.	
We would be interested in: Game of Sl Game of Chance	kill; Food	; Novelty	;Display only	;
Your Cost: A participation fee is required to be paid at the				ge of your
Duplication of game or food is at the di	scretion of the Sweet Corn F	Sestival Concessi	ons Chairperson.	
ON THE BACK OF THIS PAGE ID THAT YOUR ORGANIZATION WO				E OF SKILL
Do you have your own trailer or tent? _	If so, give description	of trailer or tent	on back of page.	
The money we would raise at the Mille	ersport Sweet Corn Festival v	vill be used to: _		
or donated to: whose address is:				
Non-Profit Organization Number: (Sta Required – any application without t	te of Ohio)his number will not be con	sidered.		
We certify this to be true: (Print Name, Address and Email)				
President:	Phone:	Em	ail:	
Address:				
Signature:				
Secretary:	Phone:	Em	ail:	
Address:				
Signature:				

Please mail or email this application to: Kitty Keller, Concessions Chairperson; 2718 Blacklick-Eastern Rd, Millersport, Ohio 43046. (kikeller77@columbus.rr.com)

TO BE CONSIDERED FOR PARTICIPATION RETURN AS SOON AS POSSIBLE