# Whitemarsh Township Day

## Participant Application

**Saturday**
**April 22nd, 2017**
**12:00 - 5:00 pm**
**Miles Park**

*Rain date Sunday April 23rd.

Please complete the following form in its entirety and print clearly. All spaces are filled on a first come, first serve basis. Although there is no deadline for applications, we do have a limited number of spaces available. We suggest sending your form in as soon as possible with payment. Return completed forms by mail to 2391 Harts Lane, Lafayette Hill PA 19444 or by fax or email. If you have any questions please contact the Parks & Recreation Department at 610.828.7276.

If you are interested in becoming a ***SPONSOR*** of Whitemarsh Township Day please contact us to discuss our sponsorship opportunities.

## CONTACT INFORMATION (Please print clearly)

ORGANIZATION NAME _____ ADDRESS (LOCAL) _____

CONTACT NAME: _____ CELL PHONE _____ EMAIL _____

## DESCRIBE YOUR ACTIVITY (Our goal is to limit duplicate activities in order not to compete)

_____

_____

_____

## PLEASE DETERMINE WHAT TYPE OF PARTICIPANT (all participants receive "1" 6 ft table & 2 Chairs)

| CATEGORY | DEFINED AS | FEE | X |
|---|---|---|---|
| Business | Anyone who is selling goods and or services for profit | $100.00 | |
| Crafter | Anyone who is selling handmade goods | $45.00 | |
| Political Parties/Religious Groups | Anyone who is advertising, promoting goods, services or information | $45.00 | |
| Restaurant | Anyone who is a licensed food vendor selling strictly food & beverages | $100.00 & $50.00 in gift certificates | |
| Emergency Services/School Groups/Non-Profit/Charity | Please call the Parks & Recreation Department at 610-828-7276 | Varies | |

**PLEASE NOTE THAT WHITEMARSH TOWNSHIP RESERVES THE RIGHT TO DETERMINE WHAT CATEGORY EACH PARTICIPANT IS ASSIGNED**

## PLEASE ANSWER THE FOLLOWING QUESTIONS

| | NO | YES | IF YES, PLEASE DESCRIBE WHAT YOU ARE DOING |
|---|---|---|---|
| Will you have a raffle? | | | |
| Will you be giving anything away? | | | |
| Will you be selling food? | | | |

## ADDITIONAL REQUESTS , ie; LOCATION , NEXT TO . . . (Please note that no request is guaranteed)

_____

_____

## PAYMENT INFORMATION

CREDIT CARD# _____ EXPIRATION DATE ____ / ____ SECURITY CODE ____

CREDIT CARD BILLING ADDRESS (IF DIFFERENT FROM ABOVE) _____

CHECK # ____ MAKE CHECKS PAYABLE TO WHITEMARSH TOWNSHIP

**PHONE:** 610.828.7276 **EMAIL:** parkandrec@whitemarshtwp.org **FAX:** 610.828.7391