



NAME _____

PHONE _____ EMAIL _____

DESCRIPTION (business or craft) _____

First come--- first serve (reserved upon receipt of application with payment):

of spaces INSIDE without table ____ with table ____ Amount ____

of spaces OUTSIDE without table ____ with table ____ Amount ____

_____ Electric is requested. Must bring power cords. Set up time will be 9:00am- 9:45am.

I, the undersigned agree to hold harmless Chestnuthill Township for any injury to my person or damages to my arts, crafts, and inventory from fire, theft, and breakage.

Signature _____ Date _____

Information: (570) 992-7247 or athieling@chestnuthilltwp-pa.gov

Mail with check or money order payable to “**Chestnuthill
Township**”

Chestnuthill Township
P O Box 243
Brodheadsville, PA 18322