



Business/Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

Email Address \_\_\_\_\_

Type of activities and information offered \_\_\_\_\_

Tables and chairs will be provided on a first come, first served basis. Please CHECK HERE is you will need a table and 2 chairs provided \_\_\_\_\_

*\*\*\*\*Please Note: There will be NO access to electric at the event\*\*\*\**

Once registration form is received, you will receive a confirmation packet that includes set up times and a map of the event.

## Application Deadline: October 2, 2009

Return Application to:  
Berea Parks and Recreation Dept.  
212 Chestnut Street  
Berea, KY 40403  
859-985-0527 fax  
Call 859-986-9402 for more info