

2024 PROFIT REGISTRATION FORM

SEABROOK OLD HOME DAYS
TOWN OF SEABROOK
SEABROOK RECREATION DEPARTMENT
311 LAFAYETTE ROAD
P.O. BOX 456
SEABROOK, NH 03874
(603) 474-5746

DATE OF THE EVENT – SAT. AUGUST 17th (Rain date Sun. August 18th)

COMPLETED BY: _____ BUSINESS _____
(Name)

NAME OF PERSON IN CHARGE _____ PHONE# _____
(Contact Person)

MAILING ADDRESS _____

EMAIL _____

NAME OF YOUR STAND OR BOOTH _____

LIST OF ITEMS TO BE SOLD:

1. _____
2. _____
3. _____
4. _____

DO YOU OR YOUR GROUP HAVE LIABILITY INSURANCE? _____ (Waiver will be REQUIRED if no insurance is available.)

***GROUPS MUST BE READY TO OPERATE NO LATER THAN 10:00 A.M.
AND CLOSE NO LATER THAN 10:15 P.M. IF YOU HAVE A TRAILER AS YOUR BOOTH YOU
MUST MEET AT THE SCHOOL AND SET IT UP AT 4:00 PM FRIDAY AUGUST 18th****

****SPACES DO NOT INCLUDE CHAIRS, TABLES, TENTS, TARPS OR
WATER HOOK-UPS. ELECTRICITY IS AVAILABLE FOR A FEE. ****

SPACE CHARGE \$ _____ (\$10.00 ea. Linear ft. 8 foot-min/\$80 a day)

ELECTRICITY \$ _____ \$15.00 ea. Hookup equaling 15 Amps.
\$35.00 ea. Hookup equaling 20 Amps.
\$65.00 ea. Hookup equaling 30 Amps.

TOTAL CHARGE \$ _____ (Non-Refundable)

FORMS OF PAYMENT ACCEPTED
CASH, CHECK, CARD

***Must be paid at least two (2) weeks prior to the event and check made payable to the:
TOWN OF SEABROOK.***

LIST ELECTRICAL NEEDS:

ITEMS

VOLTAGE

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

OFFICE USE ONLY:

Date Received: _____ *Date Paid:* _____ *Approved Date:* _____

Check # or Cash: _____ *Receipt #* _____ *Space assigned:* _____