



108 W. Market St-Second Floor, Taylorville IL. 62568
(217) 824-4919 fax (217) 824-6689 www.chillifest.info

VENDOR RATE & REGISTRATION SHEET

Company or Individual Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

FEIN# or SS# _____

This # must be on the application to reserve a space

Items to be sold: _____

The booths will be \$50.00 for 2 days with 12 foot frontage. Electricity will be available, please see enclosed rate sheet.

Number of spaces needed (maximum of 3) X \$50.00=	\$ _____
Electricity charge (from rate sheet)	\$ _____
Total due with registration	\$ _____

I prefer _____ street _____ sidewalk _____ grass (**Preferences awarded on first received basis**)

REGISTRATION DEADLINE OCTOBER 1nd 2010

Attached is an information sheet providing the specific details of this year's event. Feel free to call the Chamber office (217) 824-4919 should you have any questions.

It is understood by the undersigned that the Taylorville Chillifest or the Greater Taylorville Chamber of Commerce will **NOT** be held responsible for any loss, theft, or damage to the item(s) exhibited or other possessions.

Exhibitor's Signature

Date

Please send the completed form with payment to:
Greater Taylorville Chamber of Commerce/Taylorville Chillifest, 108 W. Market Street-Second Floor, Taylorville, IL. 62568 or
email to lindagtcc@consolidated.net.

Visa _____ Mastercard _____ Card # _____

Expiration Date: _____ Security Code (3 Digits): _____