

Christmas Holiday Fair *Registration Form*

Name: _____

Address: _____

Phone: (day) _____ (evening) _____

Description of type of merchandise or craft:

- ____ *\$30.00 registration fee enclosed*
____ *I will need table(s) & chair(s)*
____ *I will bring my own table(s) & Chair(s)*
____ *I would like to set up on Saturday (5-8pm)*
____ *I will need electricity*

Please return your registration fee and form and make checks payable to:

*Arcadia Chamber of Commerce
Carol Berklund
PO Box 81
Arcadia, WI 54612*

*For questions please call:
Arcadia Chamber of Commerce 608-323-2319
Tanya Kosinski - Chairperson 608-323-8400 evenings*