



NON-PROFIT DISPLAY BOOTH APPLICATION
September 25, 2011

Print Name of Organization Representative:

Address: _____

Phone: H) _____ W) _____

Email address: _____

Fee of \$15 enclosed -

Make check payable to : **TOWN OF CARRBORO** Type of items to be displayed or sold:

Waiver: I certify that I am authorized to act for the above named individual, organization or group, that this individual, organization or group understands that approval of the exhibit space in no way constitutes or signifies town sponsorship of the activity or function conducted by this individual, organization or group and that this individual, organization or group will be responsible for adhering to the attached rules and regulations.

Signature: _____ Date : _____



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(919) 918-7364