

# 34th APPLE COUNTRY FAIR

## Non-Profit organizations

WHEN: Saturday, October 6, 2012 (rain or shine) from 10:00 am to 4:00 pm

WHERE: Brookfield Town Common **(RAIN OR SHINE)**

FEE: There is no charge for non-profit organizations.

DEADLINE: 'APPLE-CATIONS' are received until 2 weeks before the fair.

### REQUIREMENTS:

1. All non-profit organizations will be responsible for providing their own setups including rain cover in case of inclement weather. These setups can be no larger than 10' x10' in size. Return this signed application to THE BROOKFIELD COMMUNITY CLUB, P.O. Box K312, Brookfield, MA 01506.
2. All setups should be neat and clean. Music cannot be played from your booth/space.
3. A **self-addressed stamped envelope (SASE)** for mailing of acceptance notification. (Notifications will **not** be sent to those who don't include this.) If you supply an email address and no SASE, you will be notified by email.
4. There must be a responsible adult at your booth/space at all times.

INFORMATION: Marlaine Burbank (508)269-1470

PERMISSABLE ITEMS: It is assumed that this space will be used to disseminate information about your organization and/or to raise funds for your organization. We do not allow the sale of food items or raffles of any type. The Brookfield Community Club reserves the right to ask you to remove any items that we deem inappropriate for the fair.

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APPLE COUNTRY FAIR (non-profits) OCTOBER 6 2012

Contact Name/Responsible Person: \_\_\_\_\_ Telephone:(\_\_\_\_)\_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_ Name of Non-Profit organization: \_\_\_\_\_

Items/information to be sold and/or given away: \_\_\_\_\_

Can we list you as a non-profit on our website? Yes or No If yes, please circle above information we can list.

I understand that the Brookfield Community Club is not responsible for loss or damage of my work, personal property, or personal injury. I also understand that I am responsible to provide my own set-ups, tables, chairs, displays, and rain cover and agree to abide by the guidelines as described above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_