



Linda Bellavance, President  
 Judy Simpson, Vice President  
 Carmie Potash, Treasurer  
 Theresa Dunlop, Secretary

**Board of Directors**  
 Tom LaPaglia Steve Culmo  
 Gene Williams. Kent Bartlett  
 Michael Kearney

**Non-Profit Organization Application**  
**JUNE 3, 2018 \*\* (RAIN DATE JUNE 10, 2018)**

Group/Organization/ Name \_\_\_\_\_  
Please Print

Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Please Print

Street Address for mailings \_\_\_\_\_  
Please Print

City/State/Zip Code \_\_\_\_\_  
Please Print

Email \_\_\_\_\_  
Please Print

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Return Organiz. Yes \_\_\_\_\_ IfYES - Location at 2017 Event: \_\_\_ Main St. \_\_\_ Bank Street \_\_\_ First St \_\_\_ Columbus St \_\_\_ Don't know \_\_\_  
 No \_\_\_\_\_

Description of what your booth will contain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Price Range of items if selling- \_\_\_\_\_ Tax Exempt Number- \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
 (\* Indicates you have read and agree to all rules of the event)

Fee - \$20(display and handouts') \$60 selling goods) \$160 selling food! \*\*Add \$25 to each after 5/1/2018

Return to: Judy Simpson  
 5 Walnut Street  
 Seymour, CT 06483 \*\*Make checks payable to: Seymour Founders' Day Association, Inc.

(For Office Use)

Booth Type \_\_\_\_\_

Booth Number \_\_\_\_\_ Booth Location \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_