

Bavarian Fall Fest 2010 Activity/Event Form

Organization/Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

I would prefer to be located on: _____ LaFayette Street _____ Boulevard (S. St. Marys St.)

_____ In front of a downtown business. Business name: _____

Please describe exactly what you plan to do: _____

I will/will not require electricity. If yes, please list electrical needs: _____



Please submit completed application to the Bavarian Fall Fest
% St. Marys Area Chamber of Commerce
53 S. St. Marys Street, St. Marys PA 15857

*I have read, understand and agree to abide by all the rules and regulations specified by the Bavarian
Fall Fest Committee.*

Applicant Signature: _____ Date: _____