

2025 OLD HOME DAY PROFIT REGISTRATION FORM

TOWN OF SEABROOK
SEABROOK RECREATION DEPARTMENT
311 LAFAYETTE ROAD
P.O. BOX 456
SEABROOK, NH 03874
(603) 474-5746

DATE OF THE EVENT – SAT. AUGUST 16th (Rain date Sun. August 17th)

COMPLETED BY: _____ BUSINESS _____
(Name)

NAME OF PERSON IN CHARGE _____ PHONE# _____
(Contact Person)

MAILING ADDRESS _____

EMAIL _____

CRAFTSMAN receive 80% Off (Must Profit from a particular craft. FOOD is not eligible) __ YES __ NO

NAME OF YOUR STAND OR BOOTH _____

LIST ITEMS TO BE SOLD: _____

NUMBER OF SPACES NEEDED (Approx. 10'x10'): ____ (10X10; \$100), (10X20; \$200)

DO YOU REQUIRE ELECTRICITY? Yes / No (Circle One)

ELECTRICITY \$ _____ \$20.00 ea. Hookup equaling 15 Amps.
\$40.00 ea. Hookup equaling 20 Amps.
\$70.00 ea. Hookup equaling 30 Amps.

DO YOU OR YOUR GROUP HAVE LIABILITY INSURANCE? _____ (Waiver will be
REQUIRED if no insurance is available.)

***GROUPS MUST BE READY TO OPERATE NO LATER THAN 10:00 A.M. AND CLOSE NO LATER
THAN 10:15 P.M.**

****SPACES DO NOT INCLUDE CHAIRS, TABLES, TENTS, TARPS OR
WATER HOOK-UPS. ELECTRICITY IS AVAILABLE FOR A FEE. ****

TOTAL CHARGE \$ _____ (Non-Refundable)

FORMS OF PAYMENT ACCEPTED

CASH, CHECK, CARD

***Must be paid at least two (2) weeks prior to the event and check made payable to the:
TOWN OF SEABROOK.***

LIST ELECTRICAL NEEDS

	<u>ITEMS</u>	<u>VOLTAGE</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

OFFICE USE ONLY:

Date Received: _____ Date Paid: _____ Approved Date: _____
Check # or Cash: _____ Receipt # _____ Space assigned: _____