

ENTRY FORM HANCOCK COUNTY 4TH OF JULY CELEBRATION
(activities to be held on **July 4th** this year)

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Name of Person or
Organization: _____

Person in Charge: _____

Address: _____

Daytime phone: _____ Evening Phone _____

Activity or Food to be Sold: _____

Do you need Electricity? Yes ___ No ___ If yes do you need 110 ___ 120 ___
Please bring your own extension cord, and plenty of length due to limited access.

Do you need access to water? _____

A \$30.00 non-refundable deposit is required.
(please make checks payable to: **Hancock County 4th of July**)

Mail form & payment to: **Carthage Area Chamber of Commerce**
PO Box 247, Carthage, IL 62321

I agree that our group will be responsible for maintaining the area in which we set up our activity.

Signature date

The Committee has the right to reject or restrict any activity. The Committee is not responsible for accidents.

PROOF OF INSURANCE IS REQUIRED. Please sign that you have insurance and provide of copy of your coverage.

X _____

FOR THOSE PROVIDING FOOD: Please sign that you have sent your Temporary Food Permit to the Hancock County Health Department, PO Box 357, Carthage, IL 62321

X _____

