



EASTON COMMUNITY BOOTH APPLICATION

Date of Application: _____ Number of Attendees (up to 3) _____

Name of Group/Tenant: _____

Contact Name: _____

Street Address: _____

City, State and Zip: _____

Phone Number(s): _____ Email Address: _____

501(C)3 Status: Yes ____ (please attach proof of status) No ____

Give a brief description of your organization and how you plan to use the booth.

Requested Date(s): ____ - ____ Time(s): _____

Requested Date(s): ____ - ____ Time(s): _____

Requested Date(s): ____ - ____ Time(s): _____

Please attach any material or signage you plan to distribute or display during your reservation when returning your application and guidelines.

We are unable to accommodate last-minute requests or provide additional items.

Contact's Signature Date

Please return your completed forms and documents to: CommunityBooth@steiner.com