



OKTOBERFEST 2008 - FAMILY EXPO

Registration Form

Complete this form and return to: Doylestown Township, 425 Wells Road, Doylestown, PA 18901
PHONE # 215-348-9915 FAX # 215-348-8729

Organization: _____ Phone: _____ Fax: _____

Contact Person _____

Address: _____ City _____ State _____ Zip _____

Email Address: _____ Website: _____

Description of Organization _____

Registration Includes: 10'x10' canopy space (1), 6' table (1), chairs (2), limited access to electricity, table skirt (1)
(note: corner/entrance spaces include one additional table, chair and table skirt)

- No, my organization is unable to participate in Oktoberfest 2008
- Yes, my organization will be participating in Oktoberfest 2008 (payment enclosed)

Number of Spaces Requested: _____ @ \$250 each Total: \$ _____

End/Entrance Space (4 available): _____ @ \$300 each Total: \$ _____

Oktoberfest 2008 - October 3, 4 & 5, 2008 - Friday - Saturday - Sunday

Total Due: \$ _____ Regis. Received: _____ Payment Received: _____ Space # _____