

***Stronghold Olde English Faire  
Merchant Information and Request Form  
October 1 & 2, 2011***

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **do agree to hold harmless Stronghold Camp and Retreat Center and the Presbytery of Blackhawk and/or any of its designated representatives for any losses, injury or damages which may occur as a result of my participation in this event. Any sales tax which may be due to the state are my sole responsibility.**

**I also agree to comply with the policies outlined in the enclosed Policy Statement and have signed the policy statement form.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please give a description of items that will be featured in your booth and provide photographs. You may send photos by email to [jan@strongholdcenter.org](mailto:jan@strongholdcenter.org)

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Number of Booth spaces needed at \$100.00 each \_\_\_\_\_

Do you need a camping space? \_\_\_\_\_ Reserve firewood at \$5.00 per bundle Yes \_\_\_\_\_ # of Bundles \_\_\_\_\_ No \_\_\_\_\_

Planning to purchase meal tickets? \_\_\_\_\_ Number of tickets \_\_\_\_\_

**Office Use Only**

**Date Received** \_\_\_\_\_ **Space Assigned** \_\_\_\_\_ **Booth Fee** \_\_\_\_\_

**Meal Ticket(s)** \_\_\_\_\_

**Check No.** \_\_\_\_\_ **or Credit Card Number** \_\_\_\_\_

**Please return *this form, the Policy Agreement and Payment* to:  
Stronghold Camp and Retreat Center - OEF  
P.O.Box 199  
Oregon, IL 61061**

**or scan and email to [jan@strongholdcenter.org](mailto:jan@strongholdcenter.org)**