

## REGISTRATION

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF DISPLAY    NAME OF BUSINESS(GENERAL DESCRIPTION)

VENDOR \_\_\_\_\_

(\$25 FEE REQUIRED)

EXHIBITOR \_\_\_\_\_

(FREE)

ENTERTAINER \_\_\_\_\_

(Entertainers will be contacted personally for times and staging)

RE-ENACTOR \_\_\_\_\_

PERIOD \_\_\_\_\_

GROUP DESIGNATION \_\_\_\_\_

(FREE)

DIMENSIONS OF AREA REQUESTED (NOT USUALLY A PROBLEM, BUT  
ASSIGNED AS AVAILBLE)

DATES AND TIMES OF EXPECTED ARRIVAL AND DEPARTURE.

(AFTER 8AM THURSDAY THRU SUNDAY)

ARRIVE DATE: \_\_\_\_\_ APPROX TIME \_\_\_\_\_

DEPART DATE: \_\_\_\_\_ APPROX TIME \_\_\_\_\_

NEED MORE INFORMATION?

JOHN HAWKINS CELL 573-355-4365

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Mail to:

Mark Twain Lake Chamber of Commerce

PO Box 182

Monroe City, Mo. 63456

Additional copies of this form are available at the MTL Chamber of Commerce website:  
[www.visitmarktwainlake.org](http://www.visitmarktwainlake.org)