

Chingawassa Days Specification Sheet

Specify type of products: _____

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: Area Code: (_____) _____

E-Mail address:

Need Electricity: YES _____ NO _____

Utility Needs: WATER _____ TRASH _____

OTHER NEEDS: _____

Date/time you plan to arrive/set-up: _____

Dates & Times you plan to operate: _____

Size of Area Needed: _____

If you use a canopy, please indicate the size: _____

If you operate out of a trailer, please indicate size: _____

Location Preference or Needs: _____

Miscellaneous Information: _____
