## ENTRANCE TENT REGISTRATION FOR LOCAL NON-PROFIT ORGANIZATIONS ONLY

## www.cavaladeofplanes.com

For: Bolingbrook's Clow International Airport 130 S. Clow International Parkway, Bolingbrook, IL 60490

This is a contract for the dates of June 5 & 6, 2021, Cavalcade of Planes event in Bolingbrook, Illinois. Event hours are 10:00 am to 4:00 pm both Saturday and Sunday.

A deposit of \$50.00 per day is required to reserve your space, submitted with a self-addressed stamped envelope. You may reserve a space for just one day or both days, Your deposit check will be returned at the end of the event, provided your space is staffed during entire event hours. If you are a no-show on your reserved day(s), the entire deposit is forfeited. Display area includes a 10' x 5' space plus 1 table and 2 chairs.

Set-up time for both days is at 8:30 am. Tables should be set up and staffed no later than 9:45 am. Tear-down is not to begin until after 4:00 pm.

Please make checks payable to: Bolingbrook's Clow Airport.

Reservations are subject to availability and there are no refunds.

## Space is assigned on a first-come, first-served basis.

Business/Organization			
Contact Person			
			Zip
Phone (Day)	(Evening)		Cell
Email (required)			
Electricity:Yes is very limited; first come, first served	No (NOTE: Not all vendor spots have .)	e electricity; we w	ill make an effort to make it available. Electricity
Electricity needed for:			
List and describe all promotio	onal activity at your booth (i.e.	literature, raff	les, giveaways, etc.).

- All organization employees or volunteers must wear a badge, lanyard, or some sort of branded attire to identify them with your
- Your space must be staffed at all times during event hours.

organization.

- All marketing or • promotional activities must take place at your assigned space.
- Display space must be staffed until the end of the event at 4:00 pm.
- Masks will be required at all times.

Number of spaces Saturday 6/5?	X \$50.00 = \$	Include a self-addressed stamped envelope for the return of your deposit.	
Number of spaces Sunday 6/6?	X \$50.00 = \$	Total Enclosed: \$	
Agreed to and accepted by:		Date	

Agreed to and accepted by:\_

Description

Make check payable to: Bolingbrook's Clow Airport. If you mail your check to us, please call and confirm that we have received it. Thank you for your support.

Mail or hand deliver to:

Bolingbrook's Clow Airport Attn: Diane Parro 130 S. Clow International Parkway Bolingbrook, IL 60490

To confirm receipt or for more information, please contact us:

Diane Parro	dparro@comcast.net
Joe DePaulo	manager@bbclowairp

630-430-3808 630-378-0479 @bbclowairport.com



Office use: Check # Amount\_ Date Received

