

COLONIAL MARKET DAYS



Camper Application

ALL requested information on both the front and back of this form must be completed to ensure registration.

Name: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____

Email Address: _____

List all participants you are registering, including yourself. Include ages for anyone under 16.

_____	_____
_____	_____
_____	_____
_____	_____

Please describe your portrayal or type of impression below. Attach additional paper if necessary.

Please include a photo of your clothing and camp.

Indicate the number, type and size of tents in your camp. This includes flys.

Thank you for your interest in the Colonial Market Days & Encampment. We look forward to creating a safe, fun, and educational environment for all of our guests and participants. If you have any questions, feel free to reach out through www.ColonialMarketDays.com or the

By signing this form, you are agreeing to abide by all rules and regulations posted by Colonial Market Days.

Signature: _____ Date: _____

Mail applications to:
Colonial Market Days
119 N Meridian Street
Lebanon, IN 46052