



NEW CITY CHAMBER STREET FESTIVAL APPLICATION

(19th Year)

June 8, 2025 **October 5, 2025**

10 AM - 5 PM (Rain or Shine)

BOOTH SIZES: 10 x 10 single space 10 x 20 double space (double fee for double space)

- | | |
|---|--|
| <input type="checkbox"/> Art/Craft (Handmade by exhibitor) - \$160
<input type="checkbox"/> Art/Craft (Not Handmade by exhibitor) \$185
<input type="checkbox"/> Business/Commercial - \$200
<input type="checkbox"/> Food - \$210 <input type="checkbox"/> Packaged - \$185
If Truck # of Feet with hitch _____ | EXHIBITOR FEES PER SPACE:
<input type="checkbox"/> Chamber Members - \$100 <input type="checkbox"/> Chamber Members Food - \$105
<input type="checkbox"/> Non-Profit (Rockland County-based) \$105
<input type="checkbox"/> Walk-up day of show - \$220 <input type="checkbox"/> RETURNING EXHIBITOR
(If you have a generator you must have a fire extinguisher) |
|---|--|

**MAKE CHECKS PAYABLE TO: Woodwill Corporation, MAIL TO: Woodwill Corporation, PO Box 5186, Hauppauge, NY 11788 PH: 631-234-4183 - Fax: 631-582-6193 - www.woodwill.com - Jrwoodwill@aol.com
GPS address only – 16 South Main St, New City, NY 10956**

Complete the Application, **SIGN** and return with fee. **(Space # will be Emailed out 1 week before show)**

EXHIBITOR INFORMATION – Please type or **PRINT CLEARLY**

PRODUCT DESCRIPTION: _____

Please be specific to avoid placement near a potential competitor

Name of Business: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone:(_____) _____ Cell: (_____) _____

E-Mail: _____ **NYS TAX #:** _____

Application will not be accepted without NYS Sales Tax Number

- I have included:** Completed application NYS Tax # Check Credit Card info.(on back)
 Photo of work & display **(All tents must have weights on all 4 legs)**

I have read, understand and agree to the terms as listed in the Rules for Exhibitors on back of this application.

YOUR SIGNATURE IS REQUIRED BELOW– UNSIGNED CONTRACT WILL NOT BE PROCESSED



Exhibitor Signature & Title **Date**

Office Use:

Date: _____ **Amt:** _____ **Acct:** _____ **Comp:** _____ **SPACE #** _____