

Fort Dobbs Event Application

(Each individual participating must complete form and be juried. You must send color photos of your clothing, merchandise and shelter with application. Failure to provide this information could result in denial of application. Mail application to 438 Fort Dobbs Road, Statesville, NC 28625. Visit fortdobbs.org for guidelines and rules)

_____	Name of Costumed Members Participating
Name or Unit	_____
_____	_____
Address	_____
_____	_____
City	_____
_____	_____
State Zip	_____
Phone Number: _____	_____
Email Address: _____	_____

Category _____ **Number of participating in battle reenactments** _____

<input type="checkbox"/>	BLANKET TRADER _____
	Type of Goods to be sold _____
	Space needed _____ Length _____ Width _____
<input type="checkbox"/>	MERCHANT _____
	Type of Goods to be sold _____
	Space needed _____ Length _____ Width _____
<input type="checkbox"/>	TRADITIONAL CRAFTSMAN _____
	Type of craft demonstrated _____
	Space needed _____ Length _____ Width _____
<input type="checkbox"/>	PROGRAM INTERPRETERS _____
	Who will you be portraying _____
	Space needed _____ Length _____ Width _____

Anticipated Arrival: Date and Time _____

I have read the guidelines and agree to abide by them. I also understand Fort Dobbs reserves the right to inspect merchandise and attire and ask that items not meeting specifications be removed or changed.

Signature _____ *Date* _____

Please return registration form One Month Prior to the Event