



ShenCoCares/Family Fun Fest SVCBIN

Application Revised 6 30 2019

Name of Organization : _____
(circle one) Business Non-profit Organization Individual

Events you would like to attend/display:

_____ August 17th 2019 Family Fun Fest/ShenCoCares/Touch -A- Truck Job Fair

_____ Other: _____

Your Mailing Address: _____ Set up: (Friday evening before) 5pm until 8pm

City/State/ Zip: _____

Home/Business Phone: _____ Cell: _____

Email: _____ Web Address: _____

Door Prize to be donated: _____ Needs to be delivered 10 days prior to event

Sponsorship Level: _____ Ad size: _____

Sponsorships must be received with registration 10 day prior to event. Remember: Booth space will be assigned on a first come, first paid basis. This is a rain or shine event. No refund in case of cancellation or conflict with rescheduling.
***There is NO Charge for Non profit Organizations we DO ask you to help with a donation of Chips, Drinks, financial commitment, Fund Raisers to be a part of this event and advertising. We also need a copy of your Liability Insurance ase. You must provide your 501c3 certificate or your tax exempt, EIN # to be considered for a display along with insurance.

_____ Enclosed is a check payable to ShenCoCares/SVCBIN *See sponsorship level sheet if applicable

Mail to: ShenCoCares C/O Sharon M Hollar PO Box 304 Edinburg, VA 22824 540-335-3939
Information www.shencocares.com email us at shencocares@gmail.com. I/We release All affiliates and anyone associated with ShenCoCares/SVCBIN for damages or injuries during ANY Event happening .

Signature: _____ Date: _____

Information needed :

Contact Person: _____ Phone: _____

** Carmen Silvius will be contacting who you listed above to discuss special needs and answer any questions regarding your display.

Booth Space request: Inside _____ Outside _____ / Electric: yes no

Rain or Shine event . No refunds-No Alcohol-No smoking
No outside food or beverages permitted NO Political campaign solicitation
No pets or coolers -Not responsible for Accidents or Damages

For office use only:

Shencocares/SVCBIN _____ Donation Amount _____ Date Received: _____ Check #: _____