

INTENT TO PARTICIPATE

CELEBRATION OF CHILDHOOD

REDLANDS NOON KIWANIS

EVENT DATE: SUNDAY, OCTOBER 19, 2008

NAME OF ORGANIZATION/GROUP (Official name as it will appear for publicity)

Address _____ CITY _____ ZIP _____

PHONE _____ CONTACT PERSON _____

Email _____

1. DESCRIPTION Please provide a brief overview of the child-friendly craft/activity you will be presenting:

2. SPACE DESCRIPTION: One 12 x 12 space per participant. Shade is not provided (E-Z Up is recommended). Please provide for your clean up needs.
3. EQUIPMENT NEEDS: Please check if needed:
 Electric Outlet 2 adult-sized tables and 2 chairs are provided. Buckets and extension cords should be provided by the participant.
4. REQUESTS (for previous attendees): Please indicate what worked or didn't work well for you last year. If possible, we will make changes to accommodate your needs.
5. CHECKS PAYABLE: Please make checks payable to Redlands Kiwanis.

Thank you for your interest. It is the organizations that make this event a memorable one!

PLEASE RETURN THIS FORM BY MAIL, EMAIL OR FAX

RETURN TO: CELEBRATION OF CHILDHOOD

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