Township of Langley
Seniors' Picnic & Health Fair
Friday June 5, 2015 11:00am – 1:30pm
Community Booth Registration

Company/Organization Name: _____

Contact: _____

Mailing Address: _____

Postal Code: _____ **Email**: _____

Phone: _____ **Fax**: _____ **Cell**: _____

We would like Community Booths to be interactive and provide an "experience" for seniors. Please provide us with details of the product, service, or activity you will display:

☐ I will provide free give-a-ways ☐ I will have a draw at my booth ☐ I will donate a door prize

Event Location: McLeod Athletic Park – Sport Box (213A Ave & 57A Ave – behind LSS)
Set-up time 9:00 – 10:30am Take-down time 1:30 – 3:00pm
Event time - 11:00am – 1:30pm
Display space is approximately 10x10 and includes one table and two chairs.
Tents are not needed as we will be in a covered area.

TERMS & CONDITIONS

All booths must be manned for the duration of the event and the group/organization is responsible for setting up and cleaning up their area. It is understood that this is an outdoor event, and is therefore vulnerable to the weather elements. Although we will be in a covered area, vendors should be prepared to protect their display from the elements.

The vendor agrees that they are solely responsible for their product during the event and will not hold the Township of Langley Recreation, Culture, and Parks Division responsible for any theft, damage, or vandalism. Further they also agree to provide their own insurance and that the Township of Langley Recreation, Culture, and Parks Division will not be held responsible for any injuries.

Registration deadline is **Friday, May 22, 2015.**

Return completed form to: Aldergrove Kinsmen Community Centre
26770 29 Ave, Langley, BC V4W 3B8, or by email to **tpapatolis@tol.ca**

COMMUNITY BOOTH FEES & PAYMENT

Event Fee: $20 per community booth space. Please include payment with registration.

Type of Credit Card: _____ American Express _____ MasterCard _____ Visa

Card number: _____ Expiry: _____

Signature: _____ **Date:** _____

For office use only: Date payment received: _____
Method of payment: _____ Cheque cashed/credit card charged: _____