10th Annual Walk A Mile Memorial Park - Saturday, April 27, 2024



Booth Registration Form

Agency/Organization Name:		
Address:		
Contact Name:		
Phone: Email A	Address:	
In the box below, please mark which bo	ooth you will have at the eventh be selling.	ent with a description of what you will
Informational/Resource Booth: FREE (NO SALES)	Craft Vendor: \$25 Craft vendors are responsible for getting sellers permits.	Food Vendor: \$25 Food vendors are responsible for contacting the Health Department at (530)251-8528 regarding health permits.
Please mark below whether you will nee	ed electricity:	
☐ Yes, I need electricity☐ No, I do not need electricity		
Craft and food vendors may pay thro Venmo. Once we receive payment a	_	
We are asking participants to please <i>provide</i> This is in effort to streamline set up and tear this year's event!		
LFS will not assume respon	nsibility for lost or damaged it	ems or personal injuries.
By my signature, I certify that I have read an	d accept the attached terms a	nd conditions of Lassen Family Services.
Signature:	Date:	
If you have any question	ons, please contact Rhonda Fu	ıller at 530-257-5459
For Office Use Only		
Amount Received: \$	Form of Payment:	
Date of Receipt:	Staff Name:	

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@LassenFamilyServices



