



CHICAGO HEIGHTS PARK DISTRICT

Back to School Outreach Fair

Vendor/Sponsor Form

Sunday 08/04/19

11:00 a.m. - 2:00 p.m.

Contact Name: _____

Organization: _____

Address: _____

Phone Number: (Office) _____ (Cell) _____

A. SERVICE VENDOR - Please list your service(s) that you will be providing for this event:

1. _____ 2. _____ 3. _____

B. SPONSOR - Please list your donation(s) for this event:

Donation: \$_____.00 Please make payment (credit card or cashier's check) to Chicago Heights Park District.

C. SCHOOL SUPPLIES – Please list your school supply donation(s)

Item _____ Amount # _____ Item _____ Amount # _____

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Please submit your donation to the Chicago Heights Park District, 1400 Chicago Road, Chicago Heights, IL.
C/O Wanda Rodgers by **Wednesday, July 24th**.

Items that we will provide for vendors are: (1) 8 ft. Table (2) Chairs (if applicable).

Office Use Only

Table ___ Chairs ___ Electric ___

Other _____