

Community Health & Wellness Fair Saturday July 26, 2025

EXHIBITOR APPLICATION

All applications, including those submitted with changes after the original version **MUST** be submitted by the application deadline of **June 27, 2025**

Organization: _____
Your Name: _____
Mailing Address: _____
Phone: _____
E-Mail: _____

Do you need electricity?

Yes No

Booth locations are assigned based on size of booth requested and electricity needs. Space is limited and exhibitors may **NOT choose their desired booth location.**

- **We strongly encourage exhibitors to provide healthy snack choices.**
- **All exhibitors will be responsible for bringing their own tables, chairs, and trash cans.**
- **All exhibitors are responsible for their own set-up, take-down and trash removal.**
- **Hours of the Community Health Fair will be 11:00 am –2 pm. Booths must be set up and ready to go by 11:00am**
- **All booths are to be fully set-up during the entirety of those hours. PLEASE NO EARLY TAKE-DOWNS.** Unless you have prior arrangements.

Please provide an idea of one educational activity you might do: _____

Please note this is a non-smoking event.

Please check this box to acknowledge that you have received, read, and agree to the **Bylaws**
See bylaws for all relevant participant information before sending this application.

Please email your application to: anna.porter@co.del-norte.ca.us
you may also mail or hand-deliver it to 400 L Street. Crescent City, CA 95531.

If you have any questions, please feel free to call or email: anna.porter@co.del-norte.ca.us
707-464-0861 Ex 2858