

Health Fair Participant Registration Form
Valley Day September 29, 2018 (12:00 noon – 5:00 p.m.)

Rain Date September 30, 2018
Highlands Corporate Center
Airport Road
Coatesville, PA 19320 (Valley Township)

Health Fair Participant Info

Name: _____

Address: _____

Phone: _____

E-mail Address: _____

Type of items being sold (if applicable): _____

Please note that Valley Township will supply you with one (1) table and two (2) chairs which will be under our large Health Fair tent. Please bring the items you need to display your merchandise/information. Electric is not supplied.

Important: any items being sold/displayed must be in good taste since this is a community family event.

Name of Liability Insurance Co: _____

Address of Liability Insurance Co: _____

Please return form to: Valley Township P.O. Box 467, Coatesville, PA 19320 or email denise_pugh@yahoo.com.