



Fairfield
Medical Center

Registration Form

Yes, my business/organization would like to have a space for a display.

- I am a health vendor. (*Free*)
- I am a craft vendor who will be selling merchandise. (*\$10 fee, complete vendor form*)
- I am a food vendor who will be selling concessions. (*\$30 fee, complete vendor form*)
Please make checks payable to Fairfield Medical Center

Booth Requirements *please check:*

- Water Electric None Other _____

Business/Organization Name _____

Contact Person _____ Phone _____

Email _____

Address _____

Door Prize _____ Planned Activity _____

Setup:

- Friday, Aug. 4 at noon-5 p.m.
- Saturday, Aug. 5 at 8 a.m.

Time Commitment:

- All day (9 a.m.-2 p.m.)
(Vendors are expected to stay until the end of the event.)

My business/organization does not wish to have a display; however,

- I would like to participate as a volunteer.
- I would like to host an activity
(ex. face painting, sundae bar, game).
- I would like to donate a door prize.

Please mail this form, along with other necessary forms and payments, to complete your registration.
Make checks payable to Fairfield Medical Center.

Attn: Resa Tobin, Marketing & Community Services
Fairfield Medical Center
401 N. Ewing St.
Lancaster, Ohio 43130