

Edison Family Day to Prevent Substance Abuse and Violence
Edison Municipal Alliance/Youth Services Commission 732-248-7361

Sunday, June 11, 2017

Table Registration Form

Organization Name:

Contact Person:

Telephone: e-mail address:

We would like to have a table at the Edison Municipal Alliance Family Day. We will support the Alliance with a donation of \$250.00 or more.

***A \$250.00 donation entitles you to one free table and 2 chairs if you have more than two people at your table you must purchase additional bracelets to enter the event at \$5.00 each .**

We will also be providing the following activities, giveaways at the event : (ex: face painting, children's table top games , crafts etc.)

We will require Electric - Yes ___ (Please specify type)_____ No ___

We will need ___**8ft. Tables** to display *information*___ *giveaways*___
activities ___

We will have _____ people manning our table at the event.

IMPORTANT: (Every staff member must be **pre registered** to attend this event and is required to **sign in at the front entrance upon arrival before entering the expo center. All volunteers/staff and equipment should arrive no later than 10:00 a.m.** if someone will be arriving later to cover for someone else leaving early state the time of arrival next to their name below.)

Names: _____