

Family Fun Day

Flourishing Families



Creating Second Chances

Fun for Everyone

Name of Organization/ Business _____ Contact Person _____

Address _____ Phone _____

Email _____ Cell Phone _____

Number of People at the Table _____

I, _____ requests a table, table space and/or tent at the location and on the date identified below; and Flourishing Families represents that it has the requested space and table available for use. The parties agree as follows:

1. As indicated in the event information below, _____ agrees to pay the standard rate for table space which is \$50.00.

Event:

Flourishing Families Fun Day

May 17 2014

10:00 am- 4:00 pm

Signature _____ Date _____

Printed Signature _____