

BOOTH APPLICATION

Saturday,
June 21, 2025

3RD ANNUAL HEALTH & COMMUNITY FAIR

Helping You Stay Healthy Everyday

NO FEE

Company/Organization: _____

Applicant's Name: _____

Mailing Address: _____

Phone Number: _____

E-Mail: _____

Please describe type of organization or business you'll be promoting, types of items you might give away or sell, etc:

Please note: all booth applications must provide their own table(s), chair(s), EZ-ups(s) and/or any other needed supplies. SIHD is not responsible for any damages.

Applicant/Organization Representative Signature:

Print Name: _____

Signature: _____

**MUST HAVE APPLICATION SUBMITTED BY MAY 21, 2025
TO RESERVE A SPACE.**

Booth set-up begins at 8:30 AM

Questions: CONTACT: RITZ PERKINS
mperkins@sihd.org OR CALL 760-876-5501 EXT 2210
Mailing Address: PO Box 1009, Lone Pine, CA 93545

