Participation Form

Name of Organization			—— Rell (₹{
Contact Person			— Fair
Address			
PhoneC	ell	E-mail	
Mission statement of organizations:			_
Description of your product(s)			
Booth spaces are 5' deep and 1 is available. Please note an			' table and one chair. Electric
_	no table needed num	ber of extra chairs ne	eded
Requested set up time on Frid 6:00p.m.	ay, November 10	_10:00a.m 2:00]	p.m. or 2:00p.m. –
Booth rental is \$30.00 for non- Number	er of booths		•
⇒ Please make all chec UMW and mail wit Form to the address	ed in the order received. ks payable to Anderson I h the completed Particip	Hills ation	Anderson Hills Church attn.: Anderson Hills Women 7663 Five Mile Rd. Cincinnati, Ohio 45230
Should you ha 513- 235-9833	ave any further question	ns, please contact	Jean Dillon at
			Your signature