

PARTICIPATION / SPONSORSHIP COMMITMENT FORM

EVENT DATE: August 1, 2023 ♦ SUBMIT REGISTRATION BY: July 21, 2023

| YOUR NAME: | | | |
|--|-----------------------|----------------|----------|
| NAME OF AGENCY: | | | |
| AGENCY PHONE #: | AGENCY FAX #: | | |
| E-MAIL: | | | |
| MAILING ADDRESS: | | | |
| | | | |
| PLEASE INDICATE BELOW IF YOU WILL REQUIRE A | ANY OF THE FOLLOWING: | | |
| TABLE: YES / NO CHAIRS: YES / NO | QUANTITY: | ELECTRICITY: _ | YES / NO |
| IF SPACE PERMITS, IS THERE ANOTHER AGENCY YOU WOULD LIKE/PREFER TO BE LOCATED NEXT TO? | | | |
| SPONSORSHIP INFORMATION: | | | |

E-MAIL completed form to: kristincolley@portjervisny.gov

For additional information or questions please contact Ms. Kristin Colley via email or by phone 845-858-4065.

^{*}PLEASE PROVIDE AN INTERACTIVE ACTIVITY FOR THE COMMUNITY TO PARTICIPATE IN & INDICATE WHETHER OR NOT YOU REQUIRE A TABLE, CHAIRS OR ELECTRICITY.

^{*}PARTICIPANTS ARE REQUESTED TO RAFFLE AN ITEM(S) FROM YOUR BOOTH THAT PROMOTES HEALTHY LIFESTYLES, SAFETY, COMMUNITY SPIRIT, OR EDUCATION.

^{*}IF YOU WOULD LIKE TO BE A SPONSOR OR MAKE A DONATION FOR THE EVENT, PLEASE MAKE CHECKS PAYABLE TO THE PJ NATIONAL NIGHT OUT COMMITTEE.