CITY OF PORT JERVIS
NATIONAL NIGHT OUT

PARTICIPATION / SPONSORSHIP COMMITMENT FORM

EVENT DATE: August 5, 2025 ♦ SUBMIT REGISTRATION BY: July 28, 2025

YOUR NAME: _____

NAME OF AGENCY: _____

AGENCY PHONE #: _____ AGENCY FAX #: _____

E-MAIL: _____

MAILING ADDRESS:

_____

_____

PLEASE INDICATE BELOW IF YOU WILL REQUIRE 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:

_____

*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.

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

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