



EMAIL THIS INFO TO US AT volunteer@mississippipicnicla.com
OR FAX US THIS FORM AT 310.943.3288

BOOTH APPLICATION

Organization: _____

Contact Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address: _____

Commercial Vendor? Product? _____

Do you need electricity? _____

Booth size: _____

Do you need us to provide your pop-up for an additional \$25 fee? YES | NO

circle one

Could you donate an item to be used as a giveaway? YES | NO

circle one

If "Yes", what is the item? _____

Please make checks payable to:

MCHSC

Send Booth Application and Remittance to:

MCHSC

P.O. BOX 40887

PASADENA, CA 91114

Do Not Send Cash