

Saratoga Springs Lions Club
Alfred Z. Solomon Saratoga Springs Lions Health Fair
Saratoga Springs, NY

EXHIBITORS' APPLICATION AND AGREEMENT

To: Health Fair Exhibitor

The Applicant:

- 1) Desires to participate in the *Alfred Z. Solomon Saratoga Springs Lions Health Fair* to be held at the Maple Avenue School, 515 Maple Ave, Saratoga Springs, NY on Saturday, November 6, 2010 subject to terms, conditions, rules and regulations governing said convention which are enclosed.**
- 2) Acknowledges, and agrees to abide with, all said terms, conditions, rules, and regulations.**
- 3) Understands that the Saratoga Springs Lions Club will assign exhibit locations on a first come/first served basis and agrees that it will accept the space assigned to it by the Saratoga Springs Lions Club.**
- 4) Acknowledges that the Saratoga Springs Lions are suggesting a donation of \$50 to help offset cost of the booth which consists of 8 ft table, 2 folding chairs, backdrop, and table cloth.**
- 5) Submits this fully completed APPLICATION AND AGREEMENT to the address below. Donation checks should be made payable to "Saratoga Springs Lions".**
- 6) Understands that no unauthorized lottery, raffle, etc. tickets may be sold in the Maple Avenue School.**
- 7) Understands that this application is not binding until accepted and signed on behalf of Saratoga Springs Lions Club; and when so accepted and signed, it shall constitute a binding contract upon the applicant and Saratoga Springs Lions Club, subject to the terms and conditions enclosed.**
- 8) Understands that all questions, forms, and donations are to be forwarded to:**

Lion Kristen Zorda
Saratoga Springs Lions Club
PO Box 166
Saratoga Springs, NY 12866
Phone 518 -366-7999

Email: SaratogaSpringsLions@nycap.rr.com

Saratoga Springs Lions Club
Alfred Z. Solomon Saratoga Springs Lions Health Fair
Saratoga Springs, NY

Exhibitors' Application and Agreement, Page 2

*In witness whereof, the applicant has caused this application and agreement to be completed by an officer, agent, or representative duly authorized to execute the same:
(PLEASE PRINT)*

Organization Name: _____

Completed by: _____ **Title:** _____

Organization Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Contact Person: _____

E Mail Address: _____ **Web Site Address:** _____

Electricity Required: Yes _____ No _____ **Donation Attached:** _____ **Check #** _____

Person(s) in charge of your exhibit: _____

Brief statement of the nature of the proposed exhibit and product to be exhibited at the health fair. Describe any health screenings that you will be conducting. Please also indicate any give-aways or door prizes that you will be bringing. Please indicate any special needs or facilities that you need.

ACCEPTED BY SARATOGA SPRINGS LIONS CLUB:

By: _____ **Title:** _____

Date Accepted: _____ **Donation:** _____

Date Acknowledged to Exhibitor: _____ **Space(s) assigned:** _____