



**FAMILY FUN ZONE APPLICATION 2010**

Organization Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Website: \_\_\_\_\_  
\_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Event Contact Person: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
(Person to be contact the day of the event)

Please describe Organization's activity and giveaway at Booth (including any food items such as candy, gum, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Volunteers for the Booth (Minimum of Three Volunteers must man the Booth): \_\_\_\_\_