



2011 Arts Festival Agreement BOOTH PARTICIPANT INFORMATION

There is no booth charge. You bring supplies and staff for the hands on activity.

ORGANIZATION HOSTING BOOTH _____

REPRESENTATIVE'S NAME AND E-MAIL ADDRESS

REPRESENTATIVE'S ADDRESS: _____

CITY/STATE/ZIP: _____

REPRESENTATIVE'S PHONE NUMBER AND BEST TIME TO CALL

LIST YOUR ACTIVITY OR PROJECT SO THERE WILL BE NO DUPLICATES

LIST THE ORGANIZATION'S NAME EXACTLY AS YOU WANT IT PRINTED ON YOUR BANNER

*** Indicate number of T-shirts and sizes for volunteers:**

(please limit number of shirts to volunteers present at the festival- maximum 4 per booth)

_____ S _____ M _____ L _____ XL _____ XXL

_____ Electricity (you must provide extension cord)

_____ Water for Activity

*Complete the following information and return no later than March 25th to the address below.

Little Rock Parks and Recreation
Therapeutic Recreation Division
500 W. Markham room 108
Little Rock, AR 72201
Phone: 501-918-5359
Fax (501) 371-6832 SShinn@littlerock.org

