



2017 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)

*Complete the following information and **return no later than March 31st** to the address below.

Little Rock Parks and Recreation
Therapeutic Recreation Division
7201 Dahlia Drive
Little Rock, AR 72209
Phone: 501-570-1131
Fax (501) 570-1139 SShinn@littlerock.gov

