

## **2018 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					
CITY/STATE/2	ZIP:				
REPRESENTATI	(VE'S PHON	E NUMBER	AND BEST	TIME TO CA	<b>LL</b>
LIST YOUR ACT	IVITY OR P	ROJECT SC	THERE W	ILL BE NO D	UPLICATES
LIST THE ORG	NIZATION'	'S NAME <u>EX</u>	KACTLY AS	YOU WANT I	IT PRINTED ON YOUR BANNER
* Indicate num (please limit num					ral- maximum 4 per booth)
S	M	L	XL _	XXL	
Electricit	y (you must	provide ext	ension cord	d)	
*Complete the the address b				n no later tha	<mark>an March 23<sup>rd</sup></mark> to
Little Rock P Therapeutic l 7201 Dahlia I	Recreation D				LITTLE ROCK

Little Rock, AR 72209 Phone: 501-570-1131

Fax (501) 570-1139 SShinn@littlerock.gov

