



**Sickle Cell Awareness Day  
Lord's Gym Community Center  
September 13, 2008/ 9 to 3  
Host  
ProjectWe H.O.P.E**

**Vendor Registrations Form/Agreement to Participate**

**Company Name:** \_\_\_\_\_

**Representative:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email and/or Cell number:** \_\_\_\_\_

**Terms:**

\$ 300 booth fee for business or organization vendors, \$200 for merchandise vendors, \$100 for food vendors. A 6 foot table will be provided if RVSP received by Sept 01, 2008. Set up is 7:00am – 8:30 am, and clean up is from 3:00 pm to 4: 00 pm. Please complete this form and send your payment to the attention of Pastor Paul Bains at Project WeH.O.P.E. P.O. Box 50624, 1840 Bay Rd (People's Plaza) East Palo Alto, CA 94303, by September 05, 2008.

\_\_\_\_\_ Enclosed in my check for \$ \_\_\_\_\_ Check # \_\_\_\_\_

I have read and have accepted the terms of this "Agreement to Participate" as final and binding. I agree to follow all the rules and regulations set forth by the Lord's Gym Community Center while participating in the Sickle Cell Awareness Day on September 13, 2008.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project WeH.O.P.E Representative

\_\_\_\_\_  
Date

Please retain a copy for your records and forward the original to Pastor Paul Pains at Project WeH.O.P.E located at the address noted above.