

EAT & BE WELL

HEALTH AND RESOURCES VENDOR PARTICIPATION APPLICATION

NOTE: ALL VENDORS MUST PROVIDE A SERVICE TO LOW INCOME AND/OR HOMELESS INDIVIDUALS. **NO SELLING WILL BE PERMITTED.**
EMAIL TO resources@eatbewell.org No later than November 17, 2017

EVENT NAME: 6th Annual Eat & Be Well Event

LOCATION: Seville Park & Cypress Neighborhood Center, 8380 Cypress Ave Fontana CA, 92335

DATE/TIME: November 22, 2017 11am to 3pm

Organization: _____ Nonprofit: _____ Business: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Representatives Attending: _____

Contact Numbers (Onsite): _____

Nature of Materials and/or Information to be Provided:

Tables Needed: _____ Chairs Needed: _____

Special Accommodations*: _____

**This is an outdoor event; it is recommended that all resource providers bring a canopy.*

Covered by Worker's Compensation? Yes _____ No _____

Name of Provider _____ Policy # _____

Covered by by General Liability Insurance? Yes _____ No _____

Name of Provider _____ Policy # _____

EVENT: 6TH ANNUAL EAT & BE WELL EVENT
ATTENTION: Deanna Luttrell
PHONE: 909-386-8225 EMAIL: resources@eatbewell.org

OFFICE USE ONLY _____ APPROVED
_____ CONTACTED
_____ CONFIRMED