



PARTICIPATION REQUEST FORM



NAME: _____

NAME OF ORGANIZATION (OR BUSINESS, IF APPLICABLE):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT PERSON: _____

1. TYPE OF SERVICE AND/OR ASSISTANCE YOU ARE OFFERING:

2. EVENTS YOU WISH TO SERVICE OR ASSIST:

3. ANY SPECIAL REQUIREMENTS OR LIMITATIONS CONNECTED W/YOUR SERVICE:

PLEASE RETURN TO:

Fiesta Days Committee
McHenry Area Chamber of Commerce
1257 N. Green Street
McHenry, IL 60050
815-385-9142 FAX #