

## FIESTA DAYS 2019 PARTICIPATION REQUEST FORM



NAME OF ORGANIZATION (OR BUSINESS, IF APPLICABLE):	
CONTACT PERSON:	
CONTACT PERSON EMAIL:	
CONTACT PERSON PHONE:	
NAME AND DESCRIPTION OF EVENT(S) YOU ARE PRODUCING THAT	YOU WOULD LIKE TO BE
INCLUDED AS OFFICIAL FIESTA DAYS EVENTS:	
PLEASE READ THE FOLLOWING AND SIGN BELOW:	
Fiesta Days is a fund-raising event for the McHenry Area Chamber of Con	nmerce (a not for profit)
• Because of this, it is essential that you understand that the chamber will not be committing to any paid advertising	
for your event. In addition, if our insurance carrier believes it is necessary, we may require you to provide	
insurance for your activity listing both the City of McHenry and the McHenry Area Chamber as additional	
insured.	
• If your event is selected to be promoted through Fiesta Days, we will put your information on our Fiesta Days	
website and on our Fiesta Days Facebook page with you as a co-host.	
• Any digital flyers or logos must be returned with this signed form. We	will not be contacting you for artwork.
These must be a. jpg or .pdf file.	
I have read and agree to the above stipulations	

PLEASE RETURN TO: Fiesta Days Committee c/o McHenry Area Chamber of Commerce, 1257 N. Green Street, McHenry, IL 60050 or email to <a href="mailto:molly@mchenrychamber.com">molly@mchenrychamber.com</a>.

All submissions must be received by May 1<sup>st</sup> to be considered for the 2019 Fiesta Days.

You will be notified of approval no later than one month after receipt of this form.