



PARTICIPATION REQUEST FORM



NAME: _____

NAME OF ORGANIZATION (OR BUSINESS, IF APPLICABLE):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT PERSON: _____

1. EVENTS YOU ARE PRODUCING THAT YOU WISH TO JOIN TO FIESTA DAYS **Due by May 1st**

2. PLEASE READ THE FOLLOWING

Fiesta Days is a fund-raising event for the McHenry Area Chamber of Commerce (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 Facebook page which you can share and our Fiesta Days website.
- 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, .png or .pdf file.

I Have Read the Above _____ You will be notified of approval no later than one month.

PLEASE RETURN TO: Fiesta Days Committee McHenry Area Chamber of Commerce molly@mchenrychamber.com