

Community Assistance Day

Outreach, Awareness & Help

Friday, November 6, 2015

11:00 a.m. to 2:00 p.m.

Lexington Park United Methodist Church
21760 Great Mills Road, Lexington Park, MD 20653

Name of Organization: _____

Contact person: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell phone: _____

Email: _____

Please describe the service(s) you plan to offer or the type of information you plan to have available for the clients attending The Community Assistance Day. This information will allow us to provide you the correct amount of space for your services or your display. Please indicate if you need space that allows for privacy in speaking with or interviewing the clients.

As a vendor for The Community Assistance Day I agree to the following:

- Our organization will set-up our space between 8:00 a.m. and 10:00 a.m. on November 6, 2015 (*the day of the event*).
- Our vendor space will be covered at all times by someone from our organization.
- Lunch is being provided for all vendors and volunteers.

Signature: _____ Date: _____

Please complete this form and return to:

Amber Hebert

Office Manager, Human Services Dept. of Aging

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Telephone: 301-475-4200 Extension 1849

Fax: 301-475-8485