

CHAMORRO CULTURAL FEST 2013 WORKSHOP REGISTRATION

Name of Business/Organization:

Applicant's Name:

Type of WORKSHOP/Description:

Address:

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Point of Contact at the Event: _____

Phone: _____

Number of Spaces Requested:

At your workshop site, please have signs with the name of your WORKSHOP and TIMES: (ie, Storytelling 1-2PM, 3-4PM, etc.)

Electrical Requirements: (Not available at this event)

CHE'LU assumes no responsibility for any loss, damage, injury or claims arising out of a participant's acts or omissions in or during the Chamorro Cultural Fest at market Creek Plaza on March 23, 2012.

As a participating vendor at the Chamorro Cultural Fest, I have read, understand, and agree to all venue rules. I also understand that my space rental fee is non-refundable.

Print Name: _____ Sign: _____

Date: _____

CHE'LU Representative: _____

Date: _____

Note: Applicant is responsible for knowing the current workshop regulations, provided at www.CheluSD.org.

Mail this form to CHE'LU, c/o Ju'ne Hawkins, P.O. Box 742126 San Diego, CA 92174 or fax to 866 577-7301.