

# Senior Health and Wellness Application

Business Name	<input type="text"/>	Phone	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>		
Zip Code	<input type="text"/>	Cell	<input type="text"/>		
Contact Name	<input type="text"/>	E-Mail	<input type="text"/>		
Additional Table	<input type="checkbox"/> Yes <input type="checkbox"/> No	f Yes How Many	<input type="text"/>	X \$10.00 =	<input type="text"/>
Additional Chairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	f Yes How Many	<input type="text"/>	X \$2.50 =	<input type="text"/>

Business Type

Raffle Gift Being Given

- Please fill out this form completely. Forms not completely will be returned and your business will not be added to the show until all fields are completed
- This Form need to be filled out and turned in no later than August 1<sup>st</sup>
- All Vendors are required to stay at the event until 12:30 pm
- All items must be removed from the REC Center unless approved by the REC Center prior to the event
- A booth layout map will be given to each participant prior to August 15<sup>th</sup>

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