



YOGA 4 HOPE  
ROCK YOUR CHAKRAS  
Saturday August 27, 2011

Vollmer Recreation Complex/ LaSalle, Ontario

## EXHIBITOR REGISTRATION/AGREEMENT FORM

### 1. COMPANY & CONTACT INFORMATION

Name of Organization/Group:

Name of Main Contact Person:

Phone :

Address:

Country:

City:

Province/State:

Postal/Zip Code:

Cell Phone:

Fax:

Email:

WEBSITE ADDRESS:

Location of event:

2121 Laurier Drive LaSalle, Ontario  
Vollmer Culture & Recreation Center  
519-969-7771

Event Date & Time:

Saturday August 27, 2011 8am-10pm

**\*\*\*You must set up promptly between 6:00am & 7:30am day of event\*\*\*  
Saturday August 27, 2011**

### 2. PARTICIPATION FEES:

Exhibitors Market Place 8:00 am-10:00 pm

**SET-UP: morning of event Saturday August 27, 2011 between 6:00 am-7:30 am only (event starts at 8am, please have all major/noisy set-ups complete by 7:30am as exhibitors will surround the yoga area which starts promptly at 8am-thanks.)**

Product/Service: Outdoor 10 ft X 20 ft AREA/SPACE **\$100.00 CDN** by June 21, 2011

**PAYMENT AFTER JUNE 21, 2011: \$150.00**

**Note: Please bring your own tables and chairs & tent.** (you will be on grass)

### 4. PAYMENTS:

PLEASE SEND THIS FORM BY FAX OR MAIL WITH PAYMENT TO:

Cheques Payable to:  
"Yoga 4 Hope" & Mail to:  
Pajama Angels  
2535 8th Concession Road  
LaSalle, Ontario N9A6Z6  
darlene@PajamaAngels.org  
PHONE: 519-796-9003  
FAX: 519-966-5290



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**5. PRODUCTS/SERVICES TO BE EXHIBITED:**

Please list Products/Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*products/services must be approved by organizers and products services must in good taste and we reserve right to have some products/services not be displayed if deemed inappropriate.**

**6. APPROVAL & SIGNATURE:**

I/We, the undersigned, do hereby apply to reserve exhibit space at YOGA 4 HOPE (Saturday August 27, 2011) at The Vollmer Recreation Complex 2121 Laurier Drive **Outdoor** Pavilion or in the case of inclement weather re-location is to move inside complex as deemed by Vollmer Complex staff and/or the organisers/officials of Pajama Angels/Yoga 4 Hope.

I/ We have read and agree to abide by all the general rules & regulations/terms and conditions of YOGA 4 HOPE EXHIBITOR REGISTRATION/AGREEMENT FORM and understand that there is no refund once payment is made.

Yoga 4 Hope, Pajama Angels, its Volunteers and/or its affiliates are not responsible for lost, damaged or stolen merchandise or any injuries incurred while at the event. Board of Health regulations for safe handling and distribution of food and beverage are the responsibility of exhibitor.

All exhibitors are responsible for their own insurance coverage for the event.

**WE CANNOT CONTROL THE WEATHER AND HAVE THE RIGHT TO RELOCATE THE EVENT/EXHIBITORS AT OUR DISCRETION.**

AUTHORIZED SIGNATURE X \_\_\_\_\_

Name (please print) \_\_\_\_\_

Date: \_\_\_\_\_

**You will receive confirmation via email/phone/fax of exhibit space rental once your payment has been processed and approved. Please keep a copy for your records.  
THANKS FOR YOUR SUPPORT IN THE HOPE OF THE CURE!**

\*PLEASE EMAIL [darlene@PajamaAngels.org](mailto:darlene@PajamaAngels.org) good quality (JPG) LOGO TO BE USED FOR PRINT MEDIA, WEBSITE and FACEBOOK USE.