

HEALTH FAIR PARTICIPANT REGISTRATION FORM
Annual Valley Day

Westwood Fire Company
1403 Valley Road
Coatesville, PA 19320 (Valley Township)

Health Fair Participant Info

Name: _____

Address: _____

Phone: _____

E-mail Address: _____

Type of items being sold (if applicable): _____

Please note that Valley Township will supply you with (1) table and (2) chairs which will be under our large Health Fair tent. Please bring the items you need to display your merchandise/information. Electric is being provided.

Important: Any items being sold/displayed must be in good taste since this is a community family event.

Name of Liability Insurance Company: _____

Address of Liability Insurance Company: _____

Please return form to: Valley Township, 1145 W. Lincoln Highway, Coatesville, PA 19320 or email pproctor@valleytownship.org. The form may also be dropped off at the Valley Township Municipal Building.