

2024 FAMILY WELLNESS EXPO REGISTRATION FORM
Friday, March 28, 2025 | 5-8 PM | Ephram White Gym



Name of Business/Organization: _____

Contact Name: _____ **Phone Number:** _____

Mailing Address: _____ **City/State:** _____ **Zip:** _____

E-mail Address: _____

BOOTH INFORMATION:

All vendors will be allotted 8' X 10' of space with a table and two chairs provided. The registration fee includes two meal tickets for the Pasta Party. Additional tickets may be purchased for \$5 each.

_____ **Non-Profit** (\$50.00)

_____ **For-Profit Business/Organization** (\$100.00)

Please list any activity, sales, information or screening your business/organization will provide at the **Family First Expo on March 28, 2025:**

Does your business/organization plan to sell products? **YES** ___ **NO** ___

If so, what: _____

Will you be returning on race-day, 7:30-11AM on Saturday, March 29th? **YES** ___ **NO** ___

PAYMENT OPTIONS:

___ Check made payable to "Family Enrichment Center" is enclosed.

___ Please send us an invoice to the address below.

___ [Click here to pay via credit card online.](#) (You do not need to submit this form if you complete online registration.)

Signature: _____ *Date:* _____

Family Enrichment Center Tax Identification Number: 610956466. Please return application with booth rental fee by: **Friday, February 28, 2025** to hold your booth space. Please make checks payable to:

Family Enrichment Center | 1133 Adams Street | Bowling Green, KY 42101