

Greater West Chester Camp & Summer Programs Fair

Westtown School, West Chester, PA

Sunday, February 7, 2010, 11 AM - 3 PM

(Snow date: February 28, 2010)

EXHIBITOR REGISTRATION FORM

Please submit completed form with payment by January 22, 2010

Contact Name & Email for Camp Fair Confirmation _____

Program Name (as you want it displayed in Summer Programs Guide): _____

Contact Name & Email for Summer Programs Guide _____

Winter Address _____

Winter Phone _____ Winter Fax _____

Summer Address _____

Summer Phone _____ Summer Fax _____

Website address _____

PROGRAM FOCUS: Please circle as many as apply: Academic, Adventure, Arts & Crafts, Community Service, Computer, Cultural Enrichment, Day Camp, Environmental, Foreign Language, Leadership, Performing Arts, Residential, Riding, Science, Sports, Special Needs, Travel, Other (please specify) _____

Please answer the following questions to help us complete the Camp & Summer Programs Guide:

- Do you employ teens ages 16-19 in the summer? Yes No
- Is your program Co-ed Male only Female only
- Ages of students attending your program: _____
- Do you provide scholarships? Yes No Deadline for applying for scholarship _____

Please email a brief description of your program for inclusion in the *Camp & Summer Program Guide* to: campfair@westtown.edu or to carol.trask@westtown.edu

See next page for payment information

Greater West Chester Camp & Summer Programs Fair

Westtown School, West Chester, PA
 Sunday, February 7, 2010, 11 AM - 3 PM
 (Snow date: February 28, 2010)

EXHIBITOR REGISTRATION FORM (cont'd)

Registration Fee (includes 5-6 ft table, two (2) lunch vouchers, and electrical, if needed)	\$ <u>200.00</u>	<input type="checkbox"/> Indicate here if you require electrical (limited availability on first-reserved basis)
Extra Table(s) -- \$75 each	\$ _____	
Extra Lunches -- \$12 each (extra lunches should be selected only if you require more than 2 – see “registration fee”)	\$ _____	Display rests on <input type="checkbox"/> Table
Quarter page ad - \$65	\$ _____	Please indicate height: _____
Half page ad - \$115	\$ _____	
Full page ad - \$200	\$ _____	<input type="checkbox"/> Floor Please indicate height: _____
TOTAL PAYMENT DUE	\$ _____	

Please make checks payable to Westtown School -- **OR** --- You may call in or fax your credit card information (ph: 610-399-7916; fax: 610-399-7501)

Payment Method: Check # _____ Visa/MC _____

Card Number _____ Security Code _____ Exp. Date _____

Name as it appears on credit card: _____

Signature: _____

Billing Address: _____

City _____ State _____ Zip _____

Phone: _____ Email _____

Please return completed form and payment by 1/8/2010 to:
 Carol Trask, Special Events & Volunteer Manager
 Westtown School, 975 Westtown Road, West Chester, PA 19382
carol.trask@westtown.edu; 610-399-7916
 (note new postal address)

For office use only

Date paid _____ Date confirmation sent _____ Date directions/hotel info sent _____