

JUNETEENTH FESTIVAL, INC.

P.O. Box 412

BUFFALO, NY 14205

716-891-8801 (24 HOUR VOICE MAIL)

Enclosed is an application for participation in the 2008 Juneteenth Health Pavilion. Please return your application with payment by May 25, 2008.

Following is information you should be aware of:

Time: Health Pavilion hours are from 11 A. M. - 5 P.M. Saturday, June 14 and Sunday, June 15
Please be present and have all materials in the tent by 10 A.M both days because we will close the streets to all vehicle traffic at 10:00 A.M.

Fees: *Holistic Health Practitioners pay \$75*
Non Profit agencies pay \$75
Hospitals pay \$150
HMO's pay \$250
Sponsors pay \$2500 and up
Please fill in the appropriate fee on your application.

Location: The Health Pavilion will again be located in a large tent.
Juneteenth Festival, Inc. will provide a 6 foot table for each registered organization. You can also sign out two chairs with the Logistics Tent on the days of the festival. We ask that you return the chairs to Logistics to insure they are not lost. Tables will not be assigned – they are on a first come, first served basis. We do not provide electricity.

Parking: Parking is available on the streets near the park and we usually have the Deaconess parking lot available. Martin L. King Dr North is reserved for festival personnel, festival vehicles, and emergency vehicles only.
Parking permits will be available on **Friday, June 13, 2008**. Parking permits will be distributed in the park at the Juneteenth Information Trailer **between 2:00 and 6:00 p.m.** **Please bring your receipt with you to get your parking permit.** This permit does not mean that you can park your vehicle in the park once the festival opens. **NO VEHICLES ARE ALLOWED IN THE PARK ONCE THE FESTIVAL OPENS!!!** Also, please do not pull up onto the grass to unload. Due to limited space, only one permit per organization. We suggest you car pool.

If you have any questions or concerns, contact **Nazahah Anan, 716 812-0710.**

Juneteenth Festival 2008 - Health and Wellness Application

Saturday, June 14, 2008 and Sunday, June 15, 2008

Deadline Date: Friday, May 25, 2008

Date of Application: _____

Please type or print

Agency Name : _____

Address: _____ City: _____ NY Zip: _____

Contact Person/Person Responsible for receiving information

Name: _____

Phone Number: _____ Fax Number: _____

e-mail Address: _____

Name(s) of person(s) attending: _____

Topic/Subject of display: _____

Will you provide any type of screening? ___ Yes - Type _____ ___ No

Mobile Unit? ___ Yes - Type _____ ___ No

Health Pavilion Fee: _____ I have enclosed _____

Please see cover letter and make sure you send the correct fee. Application will be delayed if fee is not correct.

Payment: ___ Check ___ Money Order ___ Proof of Purchase Order/Voucher submitted

Please make check payable to: Juneteenth Festival, Inc.

MAIL TO: Juneteenth Festival, Inc., Health Pavilion, PO. Box 412 Buffalo, NY 14205

Contact Person signature _____ Date _____

THANK YOU FOR YOUR PARTICIPATION