JUNETEENTH FESTIVAL, INC.

AKA Juneteenth of Buffalo
Headquarters: 1517 Genesee Street, Buffalo, New York 14211
Mailing Address: P.O. Box 412 Ellicott Station, Buffalo, New York 14205
Telephone: 716-891-8801 www.Juneteenthofbuffalo.com

HEALTH PAVILION APPLICATION

The following is an application for participation in the 2010 Juneteenth Health Pavilion. Please return your application with payment by June 1, 2010.

Following is information you should be aware of:

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

Fees: Non Profit agencies pay $75 Hospitals pay $150
HMO pays $250 Sponsors pay $2,500 and up
Please fill in the appropriate fee on you 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 may also sign out 2 chairs at the Logistics Tent on the days of the festival. We ask that you Return the chairs to Logistic to insure they are not lost. Tables Will not be assigned – they are on a first come first served basis We do not supply electricity.

Parking: Parking is available around 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 18, 2010. 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 not does mean that you can park in the park once the festival opens. **NO VEHICILES ARE ALLOWED IN THE PARK ONCE THE FESTIVAL OPENS.** Also, please do not pull onto the grass to unload. Due to limited space, only one permit per organization. We suggest you pool.
For further questions please call Catherine Eberhart at 856-1710

JUNETEENTH FESTIVAL
HEALTH & WELLNESS PAVILION
APPLICATION

Name of organization:_____

Type of Organization: _____

Fee: $_____

Address: _____
Street city State Zip:

Contact Person: _____

Telephone Number: _____

Cell Phone: _____

Email: _____

Please write what services or needs your organization provides:

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Signature: _____ Date:_____