

**Charles B. Wang Community Health Center
Good Health Day 2017 ~ Participant Registration Form**

Non-Profit (\$40 per day/\$70 both days)

Profit (\$100 per day/\$180 both days)

Name of Booth: _____

Contact Person: _____ Title and Department: _____

Address: _____

Phone: _____ Email: _____

FLUSHING Good Health Day

Date: Saturday, August 5, 2017 Time: 10am-3pm

Location: 136-26 37th Avenue, Flushing (Flushing CBWCHC parking lot)

The following items will be provided:

One table and two chairs.

Two T-Shirts for participants attending: Size ___S ___Med ___Large ___X-L

Choice of Lunch, indicate #: ___ CHICKEN ___VEGETABLE

Description of activity/service (specific topic area(s)): _____

CHINATOWN Good Health Day

Date: Wednesday, August 9, 2017

Time: 10am-3pm

**Location: Sara D. Roosevelt Park, Manhattan (10004)
between Chrystie and Forsyth Streets**

The following items will be provided:

One table and up to four chairs. ___ chairs

Up to four T-Shirts for participants attending: Size ___S ___Med ___Large ___X-L

Choice of Lunch, indicate #: ___ CHICKEN ___VEGETABLE

Description of activity/service (specific topic area(s)): _____

NYC DEPT. OF PARKS' REGULATIONS DO NOT PERMIT THE SELLING OF ANY MERCHANDISE, PRODUCTS OR SERVICES AT PARK FACILITIES. DISTRIBUTION OF FOOD TO THE PUBLIC IS ALSO NOT ALLOWED.

If you plan to distribute any giveaways to GHD attendees, please describe the item(s) and the quantity(ies) that you plan to distribute.

To offset the costs for Good Health Day, we would greatly appreciate a monetary donation. Your generous support helps the Charles B. Wang Community Health Center with expenses, such as rental fees for tables, chairs and tents.

Yes, I would like to give a donation for this event. Amount: \$ _____

Please indicate on the check which event(s) you are sponsoring: Flushing GHD, Chinatown GHD, or Chinatown *and* Flushing GHDs.