

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

Name of Organization: _____

Name of Booth: _____

Contact Person: _____ Title _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ 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 your participants: Size ____ S ____ M ____ L ____ XL

Choice of Lunch, indicate #: ____ CHICKEN ____ VEGETABLE

Description of activity/service (specific topic areas): _____

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

CHINATOWN Good Health Day

Date: Wednesday, August 9, 2017 ~ Time: 10am-3pm

Location: Sara D. Roosevelt Park, Manhattan ▪ between Chrystie and Forsyth Streets

B, D TRAIN TO GRAND STREET, SARA D. ROOSEVELT PARK IS LOCATED DIRECTLY ACROSS THE STREET FROM SUBWAY STATION

The following items will be provided:

One table and up to four chairs. ____ chairs

Up to four t-shirts for your participants: Size: ____ S ____ M ____ L ____ XL

Choice of Lunch, indicate #: ____ CHICKEN ____ VEGETABLE

Description of activity/service (specific topic areas): _____

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

****ALL DONATIONS TO THE CBWCHC ARE TAX EXEMPT TO THE EXTENT ALLOWED BY LAW****

Please complete forms on pages 2, 3, & 4 and send to Vivian Tam via mail, fax or e-mail by Friday, July 7, 2017.

Postal mail can be sent to:

**Charles B. Wang Community Health Center, Good Health Day
c/o Vivian Tam, 268 Canal Street, 6th Floor, New York, NY 10013**

Or fax: 212-379-6936 Attn: Vivian Tam

Or e-mail: vtam@cbwchc.org

Names of sponsors will be included on website, in print materials, and acknowledged in press release, and at press event attended by community media.

Please make check payable to

“Charles. B. Wang Community Health Center, Inc”

and mail to Charles B. Wang Community Health Center, Good Health Day
c/o **Vivian Tam**, 268 Canal Street, 6th Fl., New York, NY 10013

by **July 7, 2017** to confirm your sponsorship. Please indicate on the check
which event(s) you are sponsoring:

Chinatown GHD, Flushing GHD, or Chinatown & Flushing GHDs.

Please feel free to contact Vivian Tam at (212) 379-6988 ext. 2619
with any questions or concerns.

To offset the costs of 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: \$ _____

Please Indicate which event you are sponsoring:

Flushing GHD Chinatown GHD Chinatown *and* Flushing GHD.

**** PLEASE NOTE ****

New York City Department of Parks’ regulations do not permit the selling of any merchandise, products, services nor the distribution of food at park facilities. Please cooperate by observing the Parks’ regulations.