

5th ANNUAL ARMED FORCES DAY - MAY 19, 2012
OPERATION SUPPORT OUR TROOPS

*All Sponsorship & exhibitor booth donations will be used to help our communities by providing temporary assistance for Soldiers and Veterans for the purpose of preventing homelessness.
All gifts for goods will be giving to soldiers and veterans in need.*

Volunteer / Sponsorship Form

Name: _____

Date: _____

Company Name: _____

Company Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

Description of Exhibitors Booth: Recruitment, Employment, Product Sales, etc.

Signature: _____

Sponsorship Donation Amount

- \$15.00
- \$25.00
- \$50.00
- \$100.00
- \$250.00

Enter an additional Amount / Contributions for goods or assistance

Please complete and mail this form to the:
Tennessee's Community Assistance Corporation, PO Box 485 Morristown, TN 37815-0485
Checks should be made payable to the:
Tennessee's Community Assistance Corporation
TCAC is a Section 501(c)3 nonprofit and Your gift may qualify as a charitable deduction for federal income tax purposes.

Sponsorship Exhibitor Booth Prices

\$55 Booth Vendor

- 8x10 booth space at event
- Company Booth ID sign 4" x 36" displayed in a prime location at event
- Company Name included in press releases promoting the event
- 4 Exhibitor parking passes
- Commemorative T-shirts

Most popular product/services: _____

Will you need electricity? Yes No

Explain electrical power needs _____

We provide field lighting, power and for Food Vendors – water for your tank. Staff size _____

Describe your vending space, i.e. vehicle size, tent layout, etc. _____

What size frontage space do you need _____ feet. Specify in feet
_____ x _____ what total size configuration do you use? (i.e. 8' x 20'
trailer with projecting 6' canopy and counter in front. Behind is 24' truck adjoining
in back, need additional 10 x 10 prep space in between).

How long have you been vending and what type of events?
Please tell us about yourself and your vending background.

OFFICE ONLY

Approved _____

If not, Reason _____

Deposit Received Date _____ Amount \$ _____ Method _____

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