

2023 CCCOG Community Health Fair & Bazaar

Registration Form

2052 NW 49th Avenue, Lauderdale, FL 33313

Email form to: cccogfinance@gmail.com

Organization or Business Name: _____

Contact Person: _____

Business Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Fax: _____

Describe service to be rendered or items that will be sold. If food, a specific list must be included: _____

If needed, list special needs and considerations: _____

REMINDER: Vendors selling the same items will be limited and accepted on a first come, first served basis.

PROMOTIONAL GIVEAWAY: Yes: _____ No: _____

Indicate Giveaway Item: _____

PAYMENT METHODS:

Zelle payment to cccogfinance@gmail.com or Money Order payable to CCCOG

PAYMENT CONFIRMATION: Will be submitted at the end of each business day

Early registration: Tent Fee **\$100.00**, Truck Fee **\$150.00** ends on 09/02/2023.

Regular registration: Tent Fee **\$130.00**, Truck Fee **\$200.00**

Vendor days (check all that apply): Saturday _____ Sunday _____