2019 Booth Application Form



Name of Bus	siness/Organiza	tion/Person:	000-000	
Name/Title o	/e:			
Address/City	//Zip:			
Contact Ema	il & Phone Nun	nber:		
Day of Event	Contact & Nun	nber:		
Type of Boot	th:			
Game	Activity	Candy		
Food Item:				
Size of Booth: 8x10 10x10		10x10	Larger	
5:30 > We a > Do N	p.m. For safety are expecting a IOT hand out c	y of all. larger group of TRI andy before 6:30pm	CK OR T	
YOU WILL BE CORDS, ETC.		FOR YOUR OWN BO	M HTOC	ATERIALS i.e, TABLES, CHAIRS, EXTENSION
	r Responsible P	arty:		
			 	OFFICE USE ONLY
		 	Date Received:	
For Questions Contact: Keli Miller: 361-645-3454 or Pat Moral				Received by: Copy give to Responsible Party:
550-2122.		City Hall or to Fax		Booth #:

Applications are DUE by Friday, October 18th, 2019 by 5:00 PM at Goliad City Hall or via email to keli.miller@goliadtx.net