EXHIBIT CONTRACT
FAMILY CAMP
50th ANNUAL MEETING
Restoration Acres, Hillsboro, Ohio
July 26-29, 2021

Name of Organization being exhibited: _____

Address _____

City: _____ State _____ Zip _____

Phone (____) _____ day (____) _____evening

Email _____

Contact Person/Person Responsible: _____

Address _____

City: _____ State _____ Zip _____

Phone (____) _____ day (____) _____evening

Email _____

Please mark the appropriate selection for your organization:

_____ Mission/Ministry Organization

_____ Commercial/Business

Table Reservations: We would like to reserve _____ table(s) at $60.00 each for a total cost of

$_____

Set up/Tear down: Displays can be set up Sunday afternoon and must be torn down immediately following the program on Thursday evening.

We will be setting up on _____ (day) at approx _____o'clock.

We will be tearing down on _____ (day or date) at approx. _____ (time)

I have read the above Exhibitor Rules and Information and fully understand the policy, fee schedule, display times, take down times and all other responsibilities of Exhibitors. I understand protection of the display material is not the responsibility of Person to Person, but rather, is under my personal care.

Enclosed $_____

_____

Authorized Agent's Signature

Mail payment and contract to: Person to Person Ministries
PO Box 39
Hillsboro, OH 45133-0039

THANK YOU!