



# PARTICIPATION REQUEST FORM



July 9th through July 18th

NAME: \_\_\_\_\_

NAME OF ORGANIZATION (OR BUSINESS, IF APPLICABLE):  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

1. TYPE OF SERVICE AND/OR ASSISTANCE YOU ARE OFFERING:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. EVENTS YOU WISH TO SERVICE OR ASSIST:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. ANY SPECIAL REQUIREMENTS OR LIMITATIONS CONNECTED W/YOUR SERVICE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN TO:

Fiesta Days Committee  
McHenry Area Chamber of Commerce  
1257 N. Green Street  
McHenry, IL 60050  
815-385-9142 FAX #