



Liberty Hill Next Generation Health Fair Vendor Registration Form

Event Details:

Please ensure to select (✓) which event(s) you are completing vendor registration for

Event Name: Walk for Cancer Community Awareness, Screening, and Mental Health Initiative
Date: Saturday, March 31, 2025
Time: 9am-4pm
Location: 4750 Abraham Ave, North Charleston, SC 29405

Event Name: October Fest and Health Fair
Date: Saturday, October 25, 2025
Time: 9am-5pm
Location: 4764 Hassell Ave, N. Chas., SC 29405

Vendor Information:

Business/Organization Name:
Contact Person:
Phone Number:
Email Address:
Mailing Address:
Website/Social Media (if applicable):

Booth Information:

Type of Vendor (Check one):
[] Health & Wellness Services
[] Educational/Informational
[] Food & Beverage (Restrictions may apply)
[] Retail (Health-related products)
[] Other (please specify):

Brief Description of Booth/Services:

Two horizontal lines for describing the booth/services.

Special Requests:

Do you need electricity? [] Yes [] No
Do you need a table and chairs? [] Yes [] No
Any additional requirements?

Terms & Conditions:

- Vendors must arrive at least 60 minutes before the event for setup.
All vendors are responsible for cleaning their booth area before leaving.
Any sales or promotions must comply with local regulations.
The event organizers reserve the right to refuse or remove vendors who do not comply with event policies.

Agreement & Signature:

I, _____, agree to abide by the rules and regulations set forth by the event organizers. I understand that my participation is subject to approval.

Signature:
Date:

Submission Instructions: Please return the completed form by April 11, 2025 to: Raneisha Holmes at raneishaholmes@ymail.com