

NORTHFIELD AREA FAMILY YMCA
Healthy Kids Day (HKD)
Saturday, August 27, 2022 • 9am – noon
Northfield Area Family YMCA



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTHY KIDS DAY BOOTH REGISTRATION FORM

NAME OF ORGANIZATION _____

(please list your organization name as you would like it to appear in publications/recognition)

ADDRESS _____

WEBSITE _____ EMAIL _____

CONTACT PERSON _____ PHONE _____ FAX _____

SPONSORSHIP LEVEL

- Table Sponsor** (deadline 8/5/22)
- \$250 for-profit rate
 - *\$125 non-profit rate
- *If this participation fee is a barrier to your participation, please check here _____. We will be in touch.

BOOTH SPONSOR BENEFITS

- Exposure and marketing for your organization
- Table/booth space at event
- Eblast recognition to 7000+ individuals living in Northfield and surrounding areas
- Name listed on Y website and in social media posts
- Day of Event recognition

TO REGISTER

- Complete Registration Form
- Include payment (checks payable to Northfield Area Family YMCA)

Send to (or drop off at):

Northfield Area Family YMCA, Attention: Deb Olien,
1501 Honeylocust Drive, Northfield MN 55057

LOGISTICS

BOOTH SIZE: 10' x 10' – tables are NOT provided
SET UP: The Y at 7:30 a.m. for set up
NOTE: Electricity is not available
RAIN OR SHINE: We will be outside rain or shine!
Please plan for any weather.

BOOTH DETAILS

To participate, your booth **is required to be interactive** with kids and their families. What interaction will you offer at your booth?

We encourage you to add a **giveaway** at your booth. Please list the giveaway here if you plan to provide one.

QUESTIONS: Please contact Deb at 507.645.0088 or deb@northfieldymca.org

PLEASE READ: My signature indicates my understanding that the Northfield Area Family YMCA assumes no responsibility for injuries or illnesses and sustained as a result of any physical condition or resulting from participation in Healthy Kids Day. I expressly acknowledge that I and those from my organization assume the risk for any and all injuries and illnesses that may result in participation in these activities. I hereby release and discharge the YMCA, its officers, directors, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or those from my organization may suffer as a result of participating in these activities. I also hereby authorize the YMCA to secure first aid and medical attention in the event of an emergency, including transport to an emergency facility. *I also hereby release all photographs of me and my organization taken by the YMCA for promotional purposes, including the YMCA's website and printed materials.

Authorized Signature _____ Date _____