Please forward this application and check to:

Name of Agency:	
Contact Person:	
Phone:	Email address:
Address:	
Description of services	:
Materials/ information t	o be distributed:
List names of agency r	epresentatives who will staff your table at the festival: entatives per agency are allowed to staff your table.
Name:	Title:
Name:	Title:

Puerto Rican Festival, Inc. PO Box 10098 Rochester, NY 14610

Attention: **AGENCY FAIR**

Make check payable to: Puerto Rican Festival, Inc

ALL APPLICATIONS MUST BE SUBMITTED BY **JULY 6TH**, **2018**. FEES MUST BE PAID BY **JULY 23RD**, **2018**.

Questions/Concerns Contact: Fabian Maldonado Via email: wtfabi@gmail.com, or phone: 585-489-1171