Please forward this application and check to:

Name of Agency:	
Contact Person:	
Phone:	Email address:
Address:	
Description of services:	
Materials/ information to be distribute	ed:
List names of agency representatives Please note, only two representatives per agen	s who will staff your table at the festival:
Name:	Title:
Name:	Title:

Puerto Rican Festival, Inc. P.O. Box 10098 Rochester, NY 14610

Attention: AGENCY FAIR

Make check payable to: Puerto Rican Festival, Inc.

ALL APPLICATIONS MUST BE SUBMITTED BY **JUNE 23RD**, **2017**. FEES MUST BE PAID BY **JULY 14TH**, **2017**.

Questions/Concerns Contact: Jennifer Simmons Via email: jen.colon.simmons@gmail.com, or by phone: 585-303-0081