



SoFlo Adventist Sports Exhibitor Registration & Payment Form

Event Date: _____

Register by - - - - -

NO READY TO EAT FOOD IS PERMITTED

Today's Date _____ Service or Product to be displayed _____

Name Organization _____

Contact Person _____

Business Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Email _____

Your Organization or Company is: (Choose one)

Seventh-day Adventist _____

Non Affiliated _____

Exhibitor Registration	Price	Space	Total
Type of Exhibitor Out-door Space	\$80	x _____	
Exhibitor: NGOs () NPOs () Gov. () Business ()			

Payment Information

NO refunds will be issued. A service charge of \$35 will be charged for any returned checks.

Check/Money Order Enclosed for \$ _____

(Make checks payable to **WEST PARK SDA CHURCH** (SoFlo) in U.S. funds drawn on a U.S. bank)

Signature: _____

\$ _____
TOTAL PAYMENT



Payment To:
West Park SDA Church
(SoFlo)
3825 SW 41st 41 St
West Park, FL 33023