



2025 Child Fair Registration Form

(Please fill out completely)

Event will be Saturday, June 7; 9:00 a.m. - 12:00 p.m.

Name of Exhibitor/Organization: _____

Address: _____

Contact Person: _____ Phone #: _____

Email Address: _____

By providing your email address you are granting the Child Fair committee to send you information about the event via email.

Type of Organization: Non-profit _____ For-Profit _____

Number of Tables: _____

Non-profit: \$30 per table x number of table(s) = \$ _____

For Profit (not selling): \$50 per table x number of table(s) = \$ _____

For Profit (selling): \$100 per 10x10 = \$ _____

Payment required with registration form.

Do you need extra space for an activity? Yes _____ No _____

Do you need a plastic table cloth provided? Yes _____ No _____

Will you have a hands-on activity? Yes _____ No _____

If yes, please give a brief description of the activity:

Where would you prefer to have your table? Inside _____ Outside _____

Please inform your table attendees of your choice. A tent is recommended for outside for tables.

Do you need your table next to another exhibitor? If so, what organization: _____

Please make checks payable to SAUK VALLEY COMMUNITY COLLEGE and write Child Fair on the memo line. Mail the check along with the registration form to: Brenda Helms, Sauk Valley Community College, 173 IL Rt 2, Dixon, IL 61021.

Registration and payment is due by May 19 or a \$10.00 late fee will be added.