**WELL. WELL. WELL.**

The K’ima:w Medical Center’s Annual Health Fair is scheduled for June 27 from 10 a.m. to 2 pm. at the Hoopa Valley Neighborhood facilities in Hoopa. Typically, the Health Fair attracts between 600-800 residents from the Hoopa Valley – ranging from elders to young people. With a theme of **Passport to Good Health**, we want to give the community exposure to lots of healthcare and social services opportunities to ensure a well life.

We want you to be a part of it!

There’s several ways to participate. Which one suits you WELL? Please check all of the appropriate boxes and return to Hayley Hutt by Friday, June 8 at noon, at one of the following – email: [hayley.hutt@kimaw.org](mailto:hayley.hutt@kimaw.org), fax: 530-625-4842, mail: PO Box 1288, Hoopa, CA 95546

\_\_\_\_ Booth Space for Educational/Social Services (Free. This includes a five foot display table. Requires you bring 600 giveaways items (flyers or gift for goodie bags.)

\_\_\_\_ Indoor Vendor Space for selling your products/services (Requires a door prize item at a value of $10 or more.)

\_\_\_\_ Outdoor Food Vendor Space must be self-contained (For-profit $50 fee or in-kind door prize, free for non-profit)

\_\_\_\_ Door Prize(s) to be used in activities throughout the Health Fair.

\_\_\_\_ Donation of gifts-in-kind (bottles of water and snacks for attendees, or food for volunteers. Recognition in printed program and advertising material. Deadline May 8.)

\_\_\_\_ Volunteer to help on the day of the Health Fair…from set up and clean up, information booth, security, games and activities leadership, and so much more.)

\_\_\_\_ Sponsorship for volunteer’s t-shirts (Logo included on t-shirt. $50. Deadline May 8.)

Thank you for your interest in the healthcare and social well being of the Hoopa Valley. We look forward to your partnership in the Passport to Good Health.

Company/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs/Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_