

Fifth Annual Hands Are Not For Hurting Expo

Saturday, March 27, 2010

10 a.m. to 2 p.m.

Paddock Mall



HANDS EXPO VOLUNTEER FORM

(Please Print Clearly)

TYPE:

Agency: _____

Community Member: _____

Student: _____ Age: _____

Grade: _____ School: _____

If student, Do you need community service hours? Yes No
(If yes, you must please bring your form with you to the event).

What size T-shirt do you need? (T-shirts are in men's sizes)

small medium large XLarge 2XLarge 3XLarge

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: () _____ Cell: () _____

E-mail: _____

Hours You Plan to Volunteer: 10 a.m. to noon noon to 2 p.m.

10 a.m. to 2 p.m. Other: _____ to _____

(If you Sign Up to volunteer, we are counting on you to Show Up)

Return Form by Friday, March 5, 2010 to receive FREE T-Shirt.

If you have questions or need more information, go to
www.breakthesilenceonviolence.org or contact Monica Bryant at
(352) 438-5993. Forms can be e-mailed to monica.bryant@marion.k12.fl.us;
faxed to (352) 438-5994 or dropped off at the Marion County Children's
Alliance, 3482 N.W. 10th St., Ocala, FL 34475 Attn: Monica Bryant.



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HANDS VENDOR REGISTRATION FORM

(Please Print Clearly)

TYPE:

Nonprofit Organizations ~ Registration Fee: \$10

For-Profit Organizations ~ Registration Fee: \$50

Organization: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: () _____ Cell: () _____

E-mail: _____

*The Expo attracts more than 250 families each year. Participating organizations
MUST provide an interactive activity or service to participate in the event.

Name of Activity or Service: _____

Description: _____

*The registration fee must be paid and the description of your activity or service
must be completed **BEFORE** table will be reserved. **NO EXCEPTIONS!**

Space is limited. **Register early.** Tables will be assigned on a first come,
first served basis. FVP Workgroup members receive priority.

DEADLINE: February 12, 2010, to register for a booth.
Make checks payable to the Marion County Children's Alliance.

For questions or more information, contact Monica Bryant at **(352) 438-5993.**

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ENTERTAINMENT REGISTRATION FORM

(Please Print Clearly)

Name of Group (or Individual): _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: () _____ Cell: () _____

E-mail: _____

No. in Group: _____ Time Needed: _____ 5 min _____ 10 min _____ 15 min (MAX)

TYPE OF ENTERTAINMENT (PLEASE CHECK ONLY ONE)

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> soloist | <input type="checkbox"/> skit | <input type="checkbox"/> choir |
| <input type="checkbox"/> dancing | <input type="checkbox"/> poetry | <input type="checkbox"/> steppers |
| <input type="checkbox"/> band | <input type="checkbox"/> magician | <input type="checkbox"/> musician |
| <input type="checkbox"/> demonstration (type): _____ | | |

Brief description of group (or Individual): _____

SPACE IS LIMITED. Selected Participants will be notified by March 12, 2010. A performance schedule will be provided to all participants as soon as participants are confirmed. Performers must arrive at least 10 minutes prior to their scheduled performance time. **DEADLINE** to submit form is Friday, March 5, 2010.

*The Family Violence Prevention Workgroup, the Paddock Mall and Kids Central Inc., is not responsible for any injuries sustained during performances.

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