

REGISTRATION FORM

MAKE **CHECKS** PAYABLE TO
ELGIN HIGH SCHOOL PTO

SEND REGISTRATION FORM TO:
CINDY PLACKO
2302 COTTONWOOD DR
ELGIN, IL 60123

EMAIL: PLACKO.CINDY@CCSD59.ORG
CALL 847-293-0490 FOR ELECTRONIC PAYMENT

LEAVE THIS SPACE BLANK

Date Received _____
Check Number _____
Booth Number(s) _____
Number of tables _____
Number of chairs _____

NAME _____ EMAIL _____

ADDRESS _____ CELL # _____

City Zip

BOOTH CHOICES: MAIN ROOM FIELD HOUSE HALLWAYS ([copy of map](#))
(We will honor your booth choices based previous occupancy and current availability)

1st choice _____ 2nd choice _____

BOOTH SPACE IS \$50 (1 table and 2 chairs included)

NUMBER OF BOOTHS _____ X \$50 = \$ _____

DO YOU WANT THE TABLE THAT IS PROVIDED FOR YOU? YES NO

ADDITIONAL TABLES ARE \$10 EACH _____ x \$10 = \$ _____

DO YOU WANT THE 2 CHAIRS THAT ARE PROVIDED FOR YOU? YES NO

TOTAL \$ _____

REGISTER (BY NAME) EACH PERSON WHO WILL BE WORKING IN YOUR BOOTH

DESCRIBE YOUR MERCHANDISE. BE **VERY SPECIFIC**.

List the brand product (i.e. Avon, Tupperware, etc. if applicable)

CONFIRMATION CAN BE SENT BY (CIRCLE ONE)

EMAIL

TEXT