



2009 ARISE DETROIT! NEIGHBORHOODS DAY REGISTRATION FORM

GROUP NAME : _____ **CONTACT PERSON:** _____

ADDRESS: _____ **ZIP CODE:** _____ **EMAIL:** _____

PHONE: _____ **FAX:** _____

ACTIVITY YOUR GROUP WILL HOLD ON SATURDAY AUGUST 1, 2009. (Please describe the kind of event or activity that you will have.)

LOCATION: _____ **TIME:** _____

If you plan to use a city park or close a city street a permit is required.

CHECK ANY OF THE FOLLOWING THAT APPLY TO YOUR EVENT.

- VENDOR BOOTHS**
- CHILDREN'S GAMES**
- HEALTH SCREENINGS**
- TOURNAMENTS (SPORTS, CARDS, RELAYS)**
- MUSIC/ENTERTAINMENT**
- COMMUNITY PROGRAMS**
- NEIGHBORHOOD CLEANUPS**

- COOKOFFS**
- RECREATION**
- OTHER: _____**

**WILL YOU NEED EXTRA VOLUNTEERS?... Yes.....No....
IF YES, HOW MANY _____**

<p>REGISTRATION FEE (\$50) Includes: Neighborhood Toolkit Inclusion as a member in all printed and media materials.</p>	<p>REGISTRATION DEADLINE JUNE 30, 2009</p> <p>Make Tax Deductible Check Payable to : ARISE DETROIT! 5830 Field Street 103</p>
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Detroit, MI 48213

313 921-1955 ~ 313- 921-1996 (FAX) WWW.ARISEDETROIT.ORG

PLEASE NOTE: A COMMITTEE PERSON WILL CONTACT YOU REGARDING YOUR REGISTRATION