

Julianna's Wish presents 4th Annual Car Show and Talent Competition

Julianna's Wish is a non-profit organization that is helping families in Fairfield County of Ohio effected by Prader-Willi Syndrome (PWS), along with educating others about PWS.

Saturday
May 15, 2010
1:00 p.m. – 5:00 p.m.
10400 Blacklick Eastern Rd
(REMAX parking lot)
Pickerington, OH 43147

Please contact us if you have questions, need additional information, want to donate something for silent auction or would just like to volunteer your time:

Julianna's Wish
P.O. Box 626
Pickerington, Ohio 43147
614-560-5379

www.juliannaswish.org

friends@juliannaswish.org

All payments cash or check made payable to:
Julianna's Wish

COME JOIN THE FUN!

CLASSIC CARS and TROPHY CEREMONY
TALENT COMPETITION WITH CASH PRIZES

BLOOD MOBILE
FOOD VENDORS
AND MUCH MORE!!!!



FREE TO THE PUBLIC!

DONATIONS WELCOME

EXCITING WISH OPPORTUNITIES

Please check any of the following Wishes that you would like to take part in:

_____ Julianna's Wish \$1,000 +

- Vendor space
- Media exposure via flyers and local newspapers
- Large logo on website with link for one year
- Large logo on event banner/program

_____ Gold Wish \$500

- Vendor space
- Media exposure via flyers and local newspapers
- Medium logo on website with link for one year
- Medium logo on event banner/program

_____ Silver Wish \$250

- Vendor space
- Media exposure via flyers and local newspapers
- Small logo on website with link for one year
- Small logo on event banner/program

_____ Bronze Wish \$150

- Media exposure via flyers and local newspapers
- Business name on website with link for one year
- Business name on program

_____ Entertainment Wish \$100

- Media exposure via flyers and local newspapers
- Business name on website for one year
- Business name on program

*Set-up information will be sent to you!

Car show information:

Registration before May 7 \$8; at the door \$10
Prizes will be awarded based upon the judge's choice of the best example of car/truck/motorcycle/tractor.

Judges decisions final

Model: _____ Year: _____
Make: _____
Name: _____
Address: _____
Phone: _____
Email: _____

Vendor Registration

Non – Food: \$50.00

Business Name: _____
Contact: _____
Address: _____
Phone: _____
Email: _____
Electric: yes or no

Food: \$75.00

Business Name: _____
Contact: _____
Address: _____
Phone: _____
Email: _____
Electric: yes or no

•Temporary food service license will be the responsibility of the food Vendor. Please contact the Fairfield Co. Health Dept. at 740-653-4489.

•All vendors need to supply their own tables and chairs.

FILLED