



Don't miss a chance to be a part of the largest play focused event in the Bay area! Tables are free, but EVERY exhibitor must conduct a play activity.

2018 EXHIBITOR APPLICATION

Program Name/Organization: _____

Program/Organization Type: Child Care Center Family Child Care Home Private Business Nonprofit Agency

Main Contact Person: _____

Contact Person #2: _____

Mailing Address: _____

Main Contact Telephone: _____

Is this a cell#? Yes No

Secondary Contact Telephone: _____

Is this a cell#? Yes No

E-mail Address: _____

Please enter an email that is monitored regularly. The committee will use email as its primary mode of communication regarding the event.

What services do you provide? _____

What is the name of your activity? _____

What is the target age range(s) of your activity? _____

Below, please offer a brief description of the activity that you will be conducting.

(Example: "Our activity is called Red Rover Cartwheel Game. We will need enough room for children to run and do cartwheels and to be loud and uninhibited in movement. – an area about 20'x20'.)

This completed application must be received by **4:00 pm Friday, February 2, 2018** Email, Mail or Fax it to:

Jonna Gordon
Attn: Day of Play Planning Committee
The Early Learning Coalition of Hillsborough County
6800 N. Dale Mabry Hwy., Suite 158
Tampa, FL 33614
EMAIL: jgordon@elchc.org FAX (813) 435-2299

FOR INTERNAL USE ONLY

Activity Domain: Gross Motor Fine Motor Cognitive Language/Literacy Social-Emotional

Date Received: _____ **Date Reviewed:** _____ **Reviewed by:** _____

Status: Approved Denied **Note:** _____