



Green Valley Civic Association

Post Office Box 6315

Arlington, Virginia 22206

www.greenvalleyciv.org

2022 Green Valley Event Participation Form

Event Name: _____ Event Date: _____

Company/Organization: _____ Contact person: _____

Address: _____

Email: _____ Phone #: _____

How will you participate?

CORPORATE SPONSOR/DONATION (GVCA Tax ID # 54-2037205)

- Platinum Sponsor/Partnership \$2,500
- Gold Sponsor/Partnership \$1,000
- Silver Sponsor/Partnership \$500
- We are unable to commit to a specific level, but please accept our donation of \$ _____
- We would like to donate the following In-Kind contribution: (ex., food and or drinks for volunteers, gift cards for give-a-ways, raffle prizes) _____

VENDOR

- Will have a representative on-site during the event with information (Non-Profit or Government) – **fees waived**
- Health Care Provider (Non-Profit) - **fees waived**
- Business/Retail - **\$25***
- Food – **(complete back page of this form)**

*Description of Business and Items for Sale: _____

- Our check is enclosed -or- Please pay via PayPal on our website at www.greenvalleyciv.org
(payable to Green Valley Civic Association)

VOLUNTEER

- | | | |
|--|--|---|
| <input type="checkbox"/> Marketing and Advertising | <input type="checkbox"/> Flyer Distribution/Communications | <input type="checkbox"/> Make Phone Calls/Reminders |
| <input type="checkbox"/> Set-up and/or Clean-Up | <input type="checkbox"/> Parking Lot Management | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Information Booth | <input type="checkbox"/> Health Fair | <input type="checkbox"/> Security |
| <input type="checkbox"/> Field Events | <input type="checkbox"/> Children Activities | <input type="checkbox"/> Other: _____ |

Please return form to let us know how you choose to participate by via:

Mail: Green Valley Civic Association, P.O. Box 6315, Arlington, VA 22206 or

Email: greenvalleyciv@gmail.com

We will send a confirmation and further details to all participants selected at a later date.



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FOOD VENDOR

Event Name: _____ Event Date: _____

Food Trucks - \$125 Donation

Food Vendors - \$100 Donation

Food Donation _____ Value of Donation _____

Company/Organization: _____ Contact person: _____

Address: _____

Email: _____ Phone #: _____

Website: _____

Certified Food Manager: _____ License # _____

Issued By: _____ Expiration: _____

Arlington County Business License # _____

Menu Attached Yes No*

*Must provide 10 days before the event.

Space/Equipment Need(s): Tables # _____ Chairs # _____ Electricity Yes No

Other: _____

- All unlicensed food vendors must submit the [temporary food establishment application](#) to the Public Health Division at least TEN (10) days before the event by emailing the application to ehealth@arlingtonva.us or visiting 2110 Washington Blvd, Suite 350 Arlington, VA 22204
- A \$40 licensing fee may be required
- Food trucks that are not Arlington County-licensed mobile food units (contact ACPHD for list of licensed mobile food units) may be required to obtain a fire permit before the event. A fire permit inspection may be scheduled by calling 703-228-7400. For more information on fire requirements, review the [Fire Prevention handout](#) for mobile food units
- Food vendors are not allowed to serve food that was prepared in their home kitchens; food must be prepared at a licensed facility (e.g. in a restaurant or mobile food unit) or onsite
- A guidance handout on serving safe food at special events is attached.
- Coordinators must provide the ACPHD a list of proposed food vendors at least TEN (10) days before the event.
- Food vendors found operating without the appropriate licenses will be asked to leave the event