

Participant Response Form



Please return form to:

Brooklyn Parents for Peace • peacefair@brooklynpeace.org • 41 Schermerhorn St., PMB 106 • Brooklyn, NY 11201

Organization: _____

Contact Person: _____

Address: _____

Phone: _____ Cell: _____ E-mail*: _____
(*IMPORTANT: We rely heavily on e-mail to communicate.)

Our organization would like to participate in the **Fourth Annual Brooklyn Peace Fair** on **Sunday, October 22nd** from **11:00 a.m. – 5:00 p.m.** in the following ways:

As space is limited, please reply promptly to ensure a place in the program.

Please respond by **September 6** for the following:

- Lead a workshop/activity.** (Please also complete attached Program Form.)
- Perform.** (Please also complete attached Program Form.)
- Promote the Youth Peace Contest.** (Youth can express themselves through rap, writing/essay, and art.) See www.brooklynpeace.org for details.
- Display art** at the Peace Fair Community Museum. See www.brooklynpeace.org for details. (Please also complete attached Program Form.)
- Join the planning committee.** Please notify me of upcoming planning committee meetings.

Please respond by **October 1** for the following:

Endorse. We want our organization's name listed as an endorser on promotional material. We will help publicize the Fair and encourage our membership to attend. Check all that apply:

- Distribute/post flyers & posters.
 - We will download the flyer from the BFPF website at www.brooklynpeace.org
 - Please send us (specify #): Flyers Postcards Posters
- Announce on listserv Post on website Other _____

Distribute information. Enclosed is a \$25 to cover the costs of the table and maintenance.*

Please describe material to be distributed: _____

Sell items related to Peace and Social Justice Issues. Enclosed is a check for \$50.*

Description of material to be sold: _____

Community Sponsor/Journal Ad. We want to help offset the costs of the Peace Fair and will place a journal ad in the program. (Please complete attached Sponsor response form.)

*Payment may be made by check payable to Brooklyn Parents for Peace or credit card using the enclosed form.

Program Response Form



Please return with Participant Response Form to:

Brooklyn Parents for Peace • peacefair@brooklynpeace.org • 41 Schermerhorn St., PMB 106 • Brooklyn, NY 11201

We look forward to your participation in the **Brooklyn Peace Fair** on **Sunday, October 22nd** from **11:00 a.m. - 5:00 p.m.**, and would like you to tell us about your workshop, performance, or activity. We prefer 50-minute workshops, 20-30 minute performances, and all-day drop in-arts activities. Please note that we may not be able to accommodate all workshops, performers, or activities.

The information you give here will be used to determine whether your request will fit into the Peace Fair program and will also be used for the Program Guide that will be distributed at the Fair. Please be sure to fill in the information completely so that we can include a full description of your organization and your presentation. This will appear in the program.

Please print clearly and make sure that all names are spelled accurately.

All submissions must be returned before **September 6**.

Name of Workshop/Activity/Performance/Artwork: _____

Description (This information is what will lead participants who may not be familiar with you or your organization to choose to attend your presentation, etc. For presentations/performance/activities, please clearly describe what you'll be doing. It's important to give specific details of the actual activities that will take place. (E.g., Specify whether you will show a video, present speakers, hold a discussion, etc.). For artwork, please provide a description of the piece.)

Targeted Age, if any: _____

Facilitator(s)/Performer(s)/Artist(s) (Please provide full name and title of the person(s), as well as a 1-2 sentence description of their background or experience related to the topic of the workshop/activity/performance/artwork):

Organization Name, if any (Please give the full name, exactly as you wish it to appear in the program):

Organization Description (1-2 sentences): _____

Maximum Number of Participants (Workshop/Activity only): _____

Preferred Time(s) (Note: Workshops and performances will be held from 11:30-1:30 and 2:30-4:30. Workshops are 50 minutes. All day drop-in arts activities preferred.) _____

Length of Workshop: _____

Specific Needs or Equipment: _____

Other Comments: _____

Sponsor Response Form



Please return with Participant Response Form and payment* to:

Brooklyn Parents for Peace • peacefair@brooklynpeace.org • 41 Schermerhorn St., PMB 106 • Brooklyn, NY 11201

We would like to help offset the costs of the Peace Fair and become a Community Sponsor at the following level:

- Community Champion:** \$5,000 or more. Donor featured on BFPF website, included on all Brooklyn Peace Fair promotional materials (including over 10,000 flyers, large color posters, and paid advertising), full-page ad, and listed on back cover as providing major support.
- Peace Maker:** \$2,500 or more. Donor included on all Brooklyn Peace Fair flyers (over 10,000) and full-page ad.
- Supporter:** \$1,000 or more. Full-page ad.
- Organizer:** \$500 or more. Half-page ad.
- Advocate:** \$250 or more. Quarter-page ad.
- Good neighbor:** \$100 or more. Eighth-page ad.
- Friend:** Under \$75. Listed in acknowledgements.

*Payment may be made by check payable to Brooklyn Parents for Peace or credit card using the enclosed form.

Ad specifications are attached. Please e-mail your ad in .pdf or .jpeg form to peacefair@brooklynpeace.org. If you need your ad scanned please enclose an additional \$15. Graphic design services are available.

Tabling & Sponsor Response Form



Please return with Participant Response Form and all other appropriate forms to:

Brooklyn Parents for Peace • peacefair@brooklynpeace.org • 41 Schermerhorn St., PMB 106 • Brooklyn, NY 11201

Billing Information

Please enter the following information exactly as it appears on the customer's credit card.

Total: \$_____

First Name: _____ Last Name: _____

Card Type: MasterCard Visa Discover American Express

Card Number: _____

Expiration Date: Month _____ Year _____

Verification Number (see below): _____

American Express

The verification number is a 4-digit number printed on the front of the card. It appears after and to the right of the card number.

MasterCard, Visa, Discover

The verification number is a 3-digit number printed on the back of the card. It appears after and to the right of the card number.

Address 1: _____

Address 2: _____ (optional)

City: _____ State: _____ Zip: _____

DO NOT EMAIL THIS PAGE AS IS NOT A SAFE WAY TO TRANSMIT THIS INFORMATION.

PLEASE PRINT THIS PORTION AND FAX TO 718-624-5921 OR MAIL TO ADDRESS ABOVE.

NOTE THAT YOU CAN ALSO PAY ON OUR WEBSITE USING PAYPAL AT

WWW.BROOKLYNPEACE.ORG

For more information call (718) 624-5921