

THE DEADLINE  
TO APPLY IS  
September 19, 2025

### EVENT DATE

Wednesday, October 1, 2025

### SET-UP TIME

10:30–11:30 AM

### EVENT TIME

12:00–2:00 PM

### LOCATION

4368 Spyres Way,  
Modesto, CA 95356

OPEN TO THE  
PUBLIC  
Rain or Shine!

### PARTICIPATION REQUIREMENTS

- Participation fee: **\$50**
- **Each participant must provide a raffle basket**  
(minimum value: \$25)
- **Set-up:** 10:30–11:30 AM.  
Must be fully set up by 11:30 AM.
- **Event runs from 12:00–2:00 PM**
- This is an **outdoor event**.  
You must bring your own tent,  
table, and chairs.
- All displays and products  
must be wellness-focused  
and appropriate for a  
family-friendly audience.

## VENDOR APPLICATION

### VENDOR DETAILS

Business/Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Website/Social Media (if applicable) \_\_\_\_\_

### RAFFLE BASKET DESCRIPTION

Please provide a short description of your raffle basket (items, value, theme, etc.):

Brief description of your business/services or products to be displayed:

### PAYMENT INFORMATION

#### Participation Fee: \$50 (Non Profits Free)

Payment is due upon vendor application approval. Please make the payment to:  
**Community Hospice & Health Services** and note **Partners in Caring Wellness Fair** in the memo.

### AGREEMENT & SIGNATURE

I agree to participate in the Partners in Caring Wellness Fair on October 1, 2025, and comply with all the event guidelines listed above. I understand that the event is held rain or shine and that my payment is non-refundable. I accept responsibility for providing my own setup, including tent, table, and chairs, and for bringing a raffle basket.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### SUBMIT COMPLETED APPLICATION TO

Ayla Zertuche at [mpr@hospiceheart.org](mailto:mpr@hospiceheart.org) or mail to:  
4368 Spyres Way, Modesto, CA 95356

**Questions? Contact us at 209.578.6300.**