

**EXHIBIT CONTRACT
FAMILY CAMP**

**Restoration Acres, Hillsboro, Ohio
July 22-24, 2025**

Name of Organization being exhibited: _____
Address _____
City: _____ State _____ Zip _____
Phone (____) _____ day (____) _____ evening
Email _____

Contact Person/Person Responsible: _____
Address _____
City: _____ State _____ Zip _____
Phone (____) _____ day (____) _____ evening
Email _____

Table Reservations: We would like to reserve _____ table(s) at \$60.00 each for a total cost of
\$_____

Set up/Tear down: Displays can be set up Sunday afternoon and must be torn down immediately following the program on Thursday evening.

We will be setting up on _____ (day) at approx _____ o'clock.

We will be tearing down on _____ (day or date) at approx. _____ (time)

I have read the above Exhibitor Rules and Information and fully understand the policy, fee schedule, display times, take down times and all other responsibilities of Exhibitors. I understand protection of the display material is not the responsibility of Person to Person, but rather, is under my personal care.

Authorized Agent's Signature

Enclosed \$_____

Mail payment and contract to:

Person to Person Ministries
PO Box 39
Hillsboro, OH 45133-0039

THANK YOU!