

4th Annual



November 25-26, 2011
Genesis Convention Center – Gary

CLINIC AND WORKSHOP PROPOSAL FORM

Vendor Participation Fee: \$125

The Lakeshore Classic event will attract students and adults from throughout the greater Chicago area. If you would like to sponsor a **FREE** clinic or workshop for attendees, focusing on education or physical fitness/sports, complete the form and return.

You will be contacted regarding the interest of the organizing committee. Selection will be made based on value offered to attendees. Your submission of this form does **NOT** mean acceptance. You will be contacted by a committee member to discuss the details. We plan to offer a variety of opportunities without duplication.

Completed form should be mailed to: Lakeshore Classic, c/o Gary Chamber of Commerce, 839 Broadway, Suite S103, Gary, IN 46402 or faxed to 219.885.7408. **Accepted proposals will be expected to pay the vendor participation fee no later than November 1, 2011. No exceptions!**

Questions? Call Gary Chamber of Commerce, 219.885.7407.

Name of Proposed Workshop/Clinic: _____

Contact person: _____

Address: _____ **City, State, Zip** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Workshop or Clinic Synopsis (please provide details on content and format):

Space needs: _____

Time frame for workshop: _____ **Est. number of persons that can participate:** _____

Preferred date (check one): Friday, Nov. 25, 2010 Saturday, Nov. 25, 2010 Either Both

Will you offer a door prize drawing or other incentive to attendees? Yes No

If yes, what is the prize/incentive? _____

Do you have a Web site? Yes No **If yes, are you willing to include a link to the Lakeshore Classic Web site to help promote the event and your participation?** Yes No