



# Feast of the Flowering Moon Memorial Day Weekend

## Board Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Community Affiliations (past & present):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in serving as a board member for the Feast of the Flowering Moon?

\_\_\_\_\_  
\_\_\_\_\_

What strengths can you bring to the Feast of the Flowering Moon board?

\_\_\_\_\_  
\_\_\_\_\_

Committees: (Mark each area of interest)

Queens  
 Native Americans  
 Mountain Men  
 Ross County Idol

Sponsorships  
 Craft Vendors  
 Parade  
 Information Tent

Concession Vendors  
 Commercial Vendors  
 Promotional  
 Bingo

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed applications can be mailed to: Feast of the Flowering Moon, Attn: Board Application, P.O. Box 879, Chillicothe, OH 45601.