



## 2019 Juneteenth Celebration



Dear Health Partner,

The Canton Juneteenth Committee will host its third annual Juneteenth Celebration in Canton, MS, Saturday, **June 15, 2019** to honor 154 years of freedom. Juneteenth is the oldest nationally celebrated remembrance of the ending of slavery in the United States. The celebration derives its name from the Proclamation received on June 19, 1865, in Galveston, Texas, that all slaves were free. In memory of this momentous occasion, Juneteenth marks that day with festivities to promote and cultivate knowledge and appreciation of African American history and culture.

We are concerned about the health of our community. We realize that education and awareness are key to individuals being proactive in taking care of themselves.

Our Juneteenth events will include a 5K run/walk, health fair, band performances, musical entertainment, a voter registration drive, a community forum, vendors, and children activities. The event will take place on the historic Hickory Street in Canton. For more information, please follow us on Facebook or visit our website: [www.cantonjuneteenth.com](http://www.cantonjuneteenth.com).

The Health Fair will take place from **9:00 am – 12 Noon** at **Our Daily Bread**. We are inviting you to participate as a vendor at this event. As a participant, you will be available to assist participants with screenings, share educational information and promote your company or organization.

We will provide a table and two chairs for each vendor. If you need additional assistance, please let us know. You may set up Saturday, June 15<sup>th</sup> from 8:00am – 9:00am. The Fair will begin at 9:00am.

In order to help us plan for the fair, your response is requested by **June 1, 2019**. Please complete the enclosed form and return to: P.O. Box 36, Canton, MS 39046. You may also email it to [cantonjuneteenth@gmail.com](mailto:cantonjuneteenth@gmail.com).

Sincerely,

*Angela Y. Carson*

Committee Chairperson



**Canton Juneteenth Celebration  
2019 Health Fair Registration Form**

**Please return by: June 1, 2019**

Company/Organization Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone #  
(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Yes, We will participate.

\_\_\_\_\_ No, We will not be able to participate.

Type of services and/or products provided: \_\_\_\_\_

\_\_\_\_\_

Special Requests: \_\_\_\_\_

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