

Confirmation of Participation

Date: [Insert Date]

Dear [Participant's Name],

We are pleased to confirm your participation in the Community Health Fair scheduled for [Insert Date] at [Insert Location]. Your involvement is vital to the success of this event, and we look forward to your contributions.

The event will run from [Insert Start Time] to [Insert End Time]. Please arrive at least [Insert Number] minutes early for setup and registration.

For any inquiries or additional information, feel free to contact us at [Insert Contact Information].

Thank you for being a part of our community health initiative.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]

[Contact Information]