

SPORTVANA EVENTS VENDOR APPLICATION

VENDOR INFORMATION

Company Name:

Type of Vendor:

Address:

City:

State:

ZIP Code:

Email:

Phone Number:

POINT OF CONTACT

Contact Name:

Position:

Email Address:

Cell Phone Number:

PRODUCTS AND/OR SERVICES SOLD

Please attach a pricing sheet with pictures if available.

ITEM	DESCRIPTION	PRICE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

VENDOR QUESTIONNAIRE

Tent Dimensions:

Target Market (Gender/Age):

Trailer Dimensions:

Non-Profit Organization:

Additional Equipment:

Minimum # of teams/fields:

Special Accommodations:

SIGNATURE VERIFICATION

I authorize the verification of the information provided on this vendor application. I will notify SPORTVANA EVENTS if there are any changes to the products/services I will be providing. For forms completely electronically, a typed name shall constitute a signature and agreement with the given statement.

Signature of applicant:

Date: