

MADISON REGATTA, INC
EVENT DATES JULY 4TH – 6TH 2008

RETURN TO: Kelly Brooks, Madison Regatta, Inc., P.O. Box 341, Madison IN 47250

Operator's Name:(print) _____

Number of vendor spaces_____ if more than 1 do you want separate locations? Yes No

Linear feet required per vendor space (10 ft min.)_____ (trailers include hitch; tents include distance to outside stakes)

Number of electrical hook-ups: _____ types (20 – 30 or 50 amp service) _____ (you must supply your own extension cords, etc for hook-up). Water hook up YES or NO (circle one)

Number of Madison Regatta 3-day wristbands needed (1st two are included) _____ ALL vendors & employees Must Wear Wristbands (adults \$15 / under 10 free) these may be picked up at Regatta office after July 1st, or you may purchase them at this price on set-up day.

Number of linear feet _____ x \$50 = \$ _____

Number of extra wristbands _____ x \$15 = \$ _____

TOTAL DUE: = \$ _____

Amount enclosed 50% or balance due: = \$ _____

Make checks payable to: Madison Regatta Inc.

If paying by credit card, please complete the following:

Type of card: VISA ___ Mastercard ___ Discover ___ American Express ___

Account # _____ Exp. Date _____ 3 or 4 Digit code # _____

Signature _____ Date _____

THIS CONTRACT WILL NOT BE ACCEPTED UNLESS THE DEPOSIT IS MADE & CERTIFICATE OF INSURANCE IS ATTACHED.

The undersigned has read the above & attached Rules & Regulations and agrees to Comply with each of them or vendor will forfeit the right to continue to operate as a vendor at the Madison Regatta.

Operators signature/Title: _____

Address _____ City _____ State _____ Zip _____

Phone #(_____) _____ - _____ / fax # _____ / Email: _____

Type of items or service to be sold: _____

Attach pictures of your vendor booth and certificate of Insurance to this form before mailing