

Madison Regatta

Vendor Application



Applicant Information

Full Name: _____ Business: _____
Last First

Address: _____
Billing Address

City State ZIP Code

Phone: _____ Email: _____

Number of Workers: _____ Business License No.: _____ Business Type: _____

Alternate Contact: _____

Do you require electric hook up? YES NO Do you carry insurance/worker's comp? YES NO

Do you require water hook up? YES NO Returning Vendor/When? _____

Will you need ice provided by Madison Regatta Inc.? YES NO

Prior Events

Please list three other events you have attended.

Event Name: _____ Date: _____

Contact Name: _____ Phone: _____

Address: _____

Event Name: _____ Date: _____

Contact Name: _____ Phone: _____

Address: _____

Event Name: _____ Date: _____

Contact Name: _____ Phone: _____

Address: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
This is merely an application for consideration, not an agreement for attendance.*

Signature: _____ Date: _____