

Sealy Outdoors

P.O. Drawer 5431-Sam Rayburn, Texas 75951
888.698.2591- Fax: 409.698.2616
www.sealyoutdoors.com

2009 – 25th Anniversary-BLOCK PARTY VENDOR APPLICATION- April 15-19, 2009

PLEASE PRINT CLEARLY

Company Name: _____ Contact Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Web: _____

Product(s) or Service(s) to be exhibited: _____

Indicate Space and Electric requested:

Bulk Space:

\$1.75 per sq. ft. (over 2500 sq. ft.)

\$2.25 per sq. ft. (1000- 2500 sq. ft.)

Booth Space:

10' x 10' (\$500)

10' x 20' (\$750)

BULK SPACE-Specify _____

Concessionaire (\$2500)

Electricity: (Extension Cords will not be provided)

110 Outlet- _____ amps (\$40)

220 Outlet- _____ amps (\$60)

TOTAL DUE: _____

Deposit of 50% required at time of application, balance due March 23, 2009. Insurance certificate must be provided with application. Once confirmed, all deposits are non refundable. Vendor space is subject to forfeit if balance is not paid by deadline date. Applicants not accepted will have their deposit refunded.

Return Application to: Sealy Outdoors; Attn: Nicole Sealy. P.O. Drawer 5431- Sam Rayburn, TX 75951

Payment: (Make Checks Payable to: Sealy Outdoors -Block Party)

Check

Master Card

VISA

Discover

CC#: _____ - _____ - _____ Exp Date: _____/_____/_____ V-Code: _____

Name on Credit Card: _____ Signature: _____

Billing Address: _____

It is understood that this is an Application for space only and is subject to approval by Sealy Outdoors. Upon receipt of completed application with full payment and a certificate of insurance, space assignment will be confirmed. Installation of vendors will not be permitted until and unless all space fees have been paid. (If application is not approved, your payment will be refunded. I attest that I have read fully the above referenced terms, Vendor/Concessionaire Rules and hereby agree unconditionally to abide by them. I warrant that Sealy Outdoors shall have the exclusive right to interpret the show terms and rules and its decision regarding such shall be final.

Vendor Printed Name

Vendor Signature

Date

FOR OFFICIAL USE ONLY

Date Received: _____

Amount Received: _____

Balance Due: _____

Check #: _____

Accepted: _____

Confirmation Packet Sent: _____

Insurance Rcvd: _____

NOTES: _____