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

2012 – Lake Fork BLOCK PARTY
VENDOR APPLICATION- September 20-23, 2012
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 requested:

Booth Space: ☐ 10' x 10' ($250) ☐ 10' x 20' ($500)

Electric: ☐ 110- ($60) ☐ 220- ($75)

TOTAL DUE: _____

Deposit of 50% required at time of application, balance due September 10, 2012. 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

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, Inc. 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, Inc. 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: _____ Accepted: _____

Amount Received: _____ Confirmation Packet Sent: _____

Balance Due: _____ Insurance Rcvd: _____

Check #: _____ NOTES: _____