

OFFICIAL VENDOR REGISTRATION FORM

| NAME OF VENDOR: | | | |
|--|--|--|---|
| YOUR NAME : | | | |
| BUSINESS PHONE#() | CELL#() | EMAIL : | |
| ADDRESS: | CITY: | STATE | ZIP: |
| WHAT WILL BE SOLD: | | | |
| WHAT WILL BE DISPLAYED: | | | |
| | CED A 10X10 SPA Y Water hook u | | |
| | INDOOR | OUTDOOR | |
| | OU WILL ONLY GET 4 E HALF PRICE , MAXIMU | | , |
| PLEAS | Rules & Regulat E READ CAREFULLY BE | | |
| APPROVAL: All vendors subject to approv West Texas Shakedown reserves the right to | 2 33 | ite. | |
| SECURITY: Sponsors and facility assume in display or related items. For show hours sec may not occur. Vendor assumes all responsi | curity will be provided, yet t | this does not insure or g | |
| Failure to comply with any o I understand th As a | eld responsible for any acti article, before or after the space or spaces leased to t ide the rules and regulatio | ial or consequential los events hours. Vendors hem except that which ns set by the facility. Il result in being banne d under any circumstar hakedown event. | ess, damage, theft or injury of any are responsible for any damage maybe expected in normal use. In and the event. Inces. |
| Vendo | r Signature | date | _ |
| Mail form | to 205 West 21st Street | San Angelo, TX 76903 | 3 |

cashier checks or money orders ONLY - no checks will be accepted
(NO REFUNDS - RAIN OR SHINE)

Move in 6pm 11pm Friday before show weekend . Show and Shine: noon to 6pm Saturday and Sunday

CONTACT: RAYMOND (325)212-8465