

Vender Application



May 28-31, 2008

Please check options of your choice:

Food Concession

Major Vender . More than one Food Item. \$500 + \$50 Security Deposit

Minor Vender . 1 Specialty Drink or Food Item \$150 + \$50 Security Deposit

Merchandise Concession

Inside Booth . \$150 + \$50 Security Deposit

Outside Booth \$140 + \$50 Security Deposit

Date: _____

Vender Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

Email: _____

If new to our event-list items to display or sell including prices you will charge; also photo of your display. If need more space please attach separate sheet.

Other events you have participated in:

Food Concession Only:

Food Concession Insurance \$1,000,000 required Please send photo copy of current contract with application.

Do you have workman's comp? _____ YES _____ NO

Describe your food concession unit: Please include size . including length of tongue, awnings, tent stakes, etc., grey water, and electrical requirements (110or220) No GREY WATER ON GROUNDS; available thru Port-A-Pot Vender.

How many people will be working in your booth during the event? _____
Winfield Country Roundup allows venders up to 4 wrist bands at \$500 space. And 2 wristbands for \$150/140 booth plus appropriate number of vender parking passes.

KS SALES TAX ID# _____

We need a camping site: Yes _____ NO _____
(Call to verify prices and reserve spot)

Please submit this application along with payment and supporting documents to:

Winfield Country Roundup

1105 Main

Winfield, KS 67156

Toll Free: 877-221-2114

Local: 620-221-2112

Cell Phone: 620-222-1636

www.winfieldcountryroundup.com

Booth Fees: _____

Security Deposit: _____ (Separate Check Please)

Total Enclosed: _____

Please select type of payment you would like to use to reserve your space:

(Will not be deposited until accepted by vending committee)

Cash

Check

Credit Card

Type of Credit Card used: _____ Visa _____ Mastercard _____ Discover

Credit Card Acct:

Expiration date on card _____

Name on the

Acct: _____

Address: _____

City/State/Zip: _____

PhoneNumber: _____ CellPhone: _____

Signature of Card

Holder: _____

Date: _____