

VENDOR APPLICATION

STONYFORD RODEO

STONY CREEK HORSEMEN'S ASSOCIATION

MAY 1 AND 2, 2010

Note: this is not a contract. Please fill out and return application. You will be called and the contract will be sent upon acceptance. Be prepared to provide a **\$75.00 deposit and proof of insurance** naming the Stony Creek Horsemen's Association as additional insured. Fax to 530-963-3197, call 530-963-3197 or send to S.C.H.A., Attn: Vendors, P.O. Box 237, Stonyford, CA 95979. Please type or print legibly.

VENDOR NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____ FAX OR EMAIL: _____

COUNTY/CALIF. RESALE NUMBER: _____ BOOTH SIZE _____

FOOD VENDOR: _____
(Brief description of ALL products you plan to sell or menu with prices. Colusa County Health Permit Required.)

SELLING VENDOR: _____
(Brief description of ALL products you plan to sell)

POWER REQUIRED: Voltage _____ Number of Outlets _____
(Keep in mind outlets are limited and not all spaces have power.)

NUMBER OF WORKER PASSES NEEDED PER DAY. _____

EVENT INSURANCE: Name of
Company _____

Policy Number:

Note: All vendors will be required to be set up no later than 9:00 a.m. on Saturday, May 1, 2010.