



Tour of Champions Vendor Packet: Final Stop, New Smyrna

SEFBR Tour of Champions: New Smyrna
PO Box 540443
Greenacres, FL 33454
(561) 331-1691

Vendor Pricing & Information

Standard Vendor: \$100 for event

Includes up to 12'x24' space, electrical outlet. Can park trailer as well. Please note: there is NO cover at this facility for vendors; please plan to provide your own.

RV Hook-Ups: \$60 for event

Hook-ups are available on a 1st come, 1st served basis. Generator/primitive camping is unlimited.

All vendor spaces and RV hook-ups are assigned only. Please do not set up before checking in at the office, or you may be asked to move.

A 50% deposit is due to reserve your spot, with balance due before setting up (must be in cash if paying day of show). Refund requests will be granted until Thursday, May 18, 2017, and must be postmarked no later than May 9 if mailing, minus a \$25 processing fee.



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Vendor Form

Mail this Portion with Check Payable to SEFBR (or CC info) for 50%

Vendor Name: _____ Contact: _____

Address: _____

Phone: _____ Email: _____

Description of Items/Services: _____

Please Check:

_____ Standard Vendor \$100

_____ Hook-Up \$60

_____ Total

PAYMENT MUST BE MADE IN CASH DAY OF SHOW.

CREDIT CARD PAYMENT:

For Credit Card Payment (Visa, MC, Discover)

Card Number: _____

Exp. Date: ____/____ CVV (3 digit code on back): _____

Mailing Address for Card: _____

Name on Card: _____

Signature: _____ Date: _____

Note: A 4% fee will be added to the total to offset processing fees incurred from our bank.

In submitting my vendor application, I release the show organizer, South East Florida Barrel Racers LLC, all fellow participants, any officer, volunteer, staff member, arena owners, arena operators, and any and all other persons connected with this event from any claim or right for damages which may occur to me, my child (or child for whom I am the legal guardian), my horse, or other property resulting from my attending and participating in this event. Further, I have read and agree to abide by all event rules which have been included with this form.

Authorized Representative Sign & Date

FOR OFFICE USE ONLY:

PAID: Cash: _____ Check: _____ Credit: _____ (4% processing fee)

AMOUNT PAID: _____ DATE: _____

BALANCE: _____ PAID?: _____