

WI State Arm Wrestling Competition

VENDOR REGISTRATION FORM

EVENT: MAY 15, 2021

Please fill out the information below to confirm your intention to participate as a vendor/in-kind donor at our event. Your registration will be confirmed by email within two weeks of the time we receive it. Also, feel free to tell others about our event (share the event flyer or Facebook invite).

Today's Date:		Event Date:	
VENDOR INFORMATION			
Last name:		First name:	
Address:			
Cell phone no.:	Home phone no.:	Business phone no.:	
Business Name:		Business Website:	
Business Email:			
Other information you feel we should know:			
EVENT DETAILS			
There is a \$100 charge for setting up and displaying goods.			
TENTS?			
Set up/Break Down: Exhibitors may begin setting up at _____. All Exhibitors must be set up and ready to sell by _____ on April 18th. Break down can start after _____ and should be completed by _____. Sellers are responsible for cleaning and maintaining their selling spaces.			
Staffing: Exhibitors are responsible for staffing their tables/booths. Vendors are responsible for any loss or damage to their property or to the facility because of or in connection with its operation by theft, fire, or casualty.			
Vendor Spaces: Space will be assigned and limited to each vendor occupying the area of approximately one banquet-sized table. Spaces will be assigned and consideration will be given to provide the best experience for show attendees and the needs of the exhibitors.			
Tables and Chairs: Each exhibitor is asked to bring their own tables, stands, chairs, and display's.			

This agreement also allows the use of any submitted images or images taken at the event in promotion of this event, your business, WI Arm Wrestling and/or GiGi's Playhouse.

I, *vendor*, will also donate _____ percent of profits to GiGi's Milwaukee **and** WI Arm Wrestling.

OR

I, *vendor*, will also donate item(s) at the cost of \$ _____ to use in the raffle at the event.

By signing below, I acknowledge that I have read and agree to the above terms.

Vendor Signature:

Date:

Thank you for being a part of the Wisconsin State Arm Wrestling Competition! For more information or for additional questions, please contact Susan.

Susan Waldkirch

Event Planner, GiGi's Playhouse Milwaukee

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Fox Point, WI 53217

(262) 719-0853

swaldkirch@gigisplayhouse.org

Return this form by Friday, April 3, 2020 by email or mailing in the form.

*****Office Use Only Below this line*****

Date Registration Received: _____

Date Confirmation Emailed: _____

Space Assignment: _____