



**LEVEL 2/3/4 NYS GYMNASTICS CHAMPIONSHIPS
May 18-20, 2018**

Bill Gray's Regional Iceplex
2700 Brighton-Henrietta Town Line Road, Rochester, NY 14623



VENDOR INFORMATION & REQUEST FORM

Today's Date _____

Vendor Name: _____

Product/Services: _____

Contact Name: _____

Mailing Address: _____

Email Address: _____

Office Phone: () _____ Cell Phone: () _____

Office Fax: () _____

Do you need power? Yes No How much? _____

How many tables do you need? 1 2 3

How many chairs do you need? 1 2 3 4

Do you have liability insurance? Yes No

Number of staff attending? 1 2 3 Other _____

How much space do you need? Length (ft) _____ Width (ft) _____

When will you arrive for set-up? 5 PM 6 PM 7 PM Other _____

***** Set-up is planned for Thursday, May 17 from 5:00 till 8:00 PM at the Bill Gray's Regional Iceplex. *****

Do you want your ad in the program? Full Page 1/2 Page 1/4 Page No

Do you have any special needs or requests?

Please enclose your "flat rate fee". Make your check payable to **THE VICTORS GYMNASTICS, INC.** Thank you.

<p>Option 1 - Flat Rate Fee</p> <p>I agree to pay The Victors Gymnastics, Inc.</p> <p><input type="radio"/> A flat rate fee of \$250 for all three event days.</p> <p><input type="radio"/> A flat rate fee of \$100 per day for _____ days.</p>	<p>Option 2 - Percent of Event Sales</p> <p><input type="radio"/> I agree to pay The Victors Gymnastics, Inc.</p> <p>20% of gross event sales for the first \$1,000, then 25% on gross event sales over \$1,000.</p>
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Signature of Authorized Representative _____ Date _____

Print Name _____