



**LEVEL 2/3/4 NYS GYMNASTICS CHAMPIONSHIPS  
May 17-19, 2019**

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 16 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.

**Option 1 - Flat Rate Fee**      **Option 2 - Percent of Event Sales**

I agree to pay The Victors Gymnastics, Inc.       I agree to pay The Victors Gymnastics, Inc.

A flat rate fee of \$250 for all three event days.      20% of gross event sales for the first \$1,000,

A flat rate fee of \$100 per day for \_\_\_\_\_ days.      then 25% on gross event sales over \$1,000.

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Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

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Print Name \_\_\_\_\_