

# Sealy Outdoors

P.O. Drawer 5431-Sam Rayburn, Texas 75951  
888.698.2591- Fax: 409.698.2616  
www.sealyoutdoors.com

## 2010 –Sam Rayburn BLOCK PARTY VENDOR APPLICATION- April 14-18, 2010

\*PLEASE PRINT CLEARLY\*

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Web: \_\_\_\_\_

Product(s) or Service(s) to be exhibited: \_\_\_\_\_

### Indicate Space requested:

- Booth Space:**  10' x 10' (\$500)  10' x 20' (\$750)  
 Concessionaire (\$1750)  
 Drinks (\$250) \*Optional for Concessionaires only

- Electric:**  110- (\$60)  220- (\$75)

TOTAL DUE: \_\_\_\_\_

*Deposit of 50% required at time of application, balance due April 1, 2010. Insurance certificate must be provided with application. Once confirmed, all deposits are non refundable. Vendor space is subject to forfeit if balance is not paid by deadline date. Applicants not accepted will have their deposit refunded.*

**Return Application to: Sealy Outdoors; Attn: Nicole Sealy. P.O. Drawer 5431- Sam Rayburn, TX 75951**

### **Payment: (Make Checks Payable to: Sealy Outdoors -Block Party)**

- Check  Master Card  VISA

CC#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ V-Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

It is understood that this is an Application for space only and is subject to approval by Sealy Outdoors, Inc. Upon receipt of completed application with full payment and a certificate of insurance, space assignment will be confirmed. Installation of vendors will not be permitted until and unless all space fees have been paid. (If application is not approved, your payment will be refunded. I attest that I have read fully the above referenced terms, Vendor/Concessionaire Rules and hereby agree unconditionally to abide by them. I warrant that Sealy Outdoors, Inc. shall have the exclusive right to interpret the show terms and rules and its decision regarding such shall be final.

\_\_\_\_\_  
Vendor Printed Name

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

### FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Accepted: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Confirmation Packet Sent: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Insurance Rcvd: \_\_\_\_\_

Check #: \_\_\_\_\_

NOTES: \_\_\_\_\_