

# 2020 VCGP Exhibitor/Vendor Application

Saturday, April 25 through Sunday April 26, 2020: Hours 8:00am to 5:00 p.m.

**Applications must be completed and received by 5:00pm March 18, 2020**



Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Distributor (if applicable): \_\_\_\_\_

Contact Name(s) at Event: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website and/or Social Media: \_\_\_\_\_

Please include a High Resolution File of Your Logo  Jpeg  pdf  Ai  Other

Type of set up (circle one): Tent Booth Other: \_\_\_\_\_

I am applying as an exhibitor vendor for the 2020 Virginia City Grand Prix. I have read and understand the event information and enclose payment for the applicable fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$500 - Vendor / Exhibitor Fee  Nonprofit Organization (Free)  Other Amount

Please provide a short description of your business and products:

**Note:** Vendor Fees include a temporary (event) business license for Storey County and the corresponding Sponsorship benefits. i.e., paid Vendor Fees of \$500 include Silver Level Sponsorship benefits.

## Payment Information:

Enclosed, please find my check # \_\_\_\_\_ for \$ \_\_\_\_\_ payable to the Virginia City Motorcycle Club (VCMC).

Please charge my credit card for \$ \_\_\_\_\_:  VISA  MasterCard  AmEx  Discover

Merchandise or Exchange of Service

Card number: \_\_\_\_\_ Exp. Date (Mo/Year) \_\_\_\_\_ / \_\_\_\_\_ Security Code (CVV) \_\_\_\_\_

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

**TERMS:** By signing below, you are committed to participating in the 49<sup>th</sup> Virginia City Grand Prix and agree to follow the terms as outlined below:

- You agree to staff your booth at all times during the posted hours. You understand that you are responsible for abiding by all state, county and local laws, including health department guidelines.
- You understand payment and application is required to hold your on-site and event program vendor space.
- If any changes are made to your application, you agree to provide updated information by 3/15/20.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing this form, you are stating that you are authorized to sign on behalf of the company/organization named above

Please mail completed applications and payment to VCMC PO Box 1082 Virginia City, NV 89440.

Questions? Contact Paul Gross at [paulcgross@comcast.net](mailto:paulcgross@comcast.net) or (310) 721-7865 mobile/text