

SASS OREGON STATE WILD BUNCH CHAMPIONSHIP
Vendor~Sponsor Registration Form ~ June 3-4-5, 2011

Business Name:			
Contact Name:	SASS #:		
Phone:	FAX:	E-Mail:	
Address:			
City:	State:	Zip:	

ALL VENDORS: Application will NOT be Processed without payment and signature of **Indemnification Agreement and Release from Liability Form included with registration. FOOD VENDORS** must include a copy of their food handlers permit/license .

Merchandise/Product:
Sponsorship Choice _____ Banner for Range display: size ____ X ____
" Liability Release": Signed __ Included __ Food server permit/license provided: # _____

Vendor—FEE: \$50.00 in Prize Donations—received? Y N	Total Booth Space dimensions ____' X ____'
Sponsorship \$ _____	Smokin Chili Contest Entry? Y N
<u>TOTAL BALANCE DUE:</u> \$ _____	

Paid by Check # _____ \$ _____ (Ofc. Use)- Pymt. Rec'vd on __/__/__ By __
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Please make check payable to: **HRP or HORSERIDGE PISTOLEROS**
 To reserve space, send full payment with this Reservation Form and (Vendors; Liability Release Form) to:

HorseRidge Pistoleros
PO Box 6174
Redmond, OR. 97708

I have read and agree to the terms on Pages 1 and 2 SIGNATURE _____