

Company Contact Signature





TRUCK CONVOY VENDOR FORM

Loca	ation: (Please select one)	Sioux Falls (Sept. 17	7-18) Rapid C	ity (Sept. 10-11)
		W.H. Lyon Fairgrou	nds Black Hi	lls Harley-Davidson
CON	MPANY INFORMATION	:		
Comp	oany:	Compa	any Contact:	
Phone	o:	Address:		
State:	Zip Code:	Email:		
		VENDOR (QUESTIONS:	
На	ve a Vehicle <i>OR</i> Have Table	(s) Need Electricity N	Need 1 Table Need 2 Tables	s Need Tables (\$50/extra table
ME1	THOD OF PAYMENT			
	Check enclosed made payable to	SPECIAL OLYMPICS SOU	TH DAKOTA Visa	Mastercard
Accou	unt number:	Exp. Date	:Security	Code:
Card I	Holder Name:			
Billing	g Address:			
Signat	ture:			
VEN	NDOR INFORMATION:			
Se	etup/Vendor Hours C	osts	Accommodations	Cancellation Policy
•	Starts Friday at 5 PM • until 8pm	You may pay \$100 in advance or at event	• Vendors will receive a meal ticket	• Please call Jill Kvanli or Turner Gaines at 605- 331-4117 at least 48 hours prior to the event if you cannot be there.
	Setup must be completed •	provided if needed; each table thereafter will be	• Reduced stay price at different convoy loca-	
•	no later than 7:30 AM Saturday	1	tions provided at www.sdconvoy.org	if you cannot be there.

Date