



TRUCK CONVOY VENDOR FORM

Location: (Please select one) Sioux Falls (Sept. 20-21) Rapid City (Sept. 27-28)

W.H. Lyon Fairgrounds

Black Hills Harley-Davidson

COMPANY INFORMATION:

Company: _____ Company Contact: _____

Phone: _____ Address: _____

State: _____ Zip Code: _____ Email: _____

VENDOR QUESTIONS:

Have a Vehicle **OR** Have Table(s) Need Electricity Need 1 Table Need 2 Tables Need ____ Tables (\$50/extra table)

METHOD OF PAYMENT

Check enclosed made payable to **SPECIAL OLYMPICS SOUTH DAKOTA** Visa Mastercard

Account number: _____ Exp. Date: _____ Security Code: _____

Card Holder Name: _____

Billing Address: _____

Signature: _____

VENDOR INFORMATION:

Setup/Vendor Hours	Costs	Accommodations	Cancellation Policy
<ul style="list-style-type: none"> Starts Friday at 5 PM until 8pm Setup must be completed no later than 7:30 AM Saturday Vendor hours will be from 8 AM-3 PM 	<ul style="list-style-type: none"> You may pay \$100 in advance or at event Two 8' tables may be provided if needed; each table thereafter will be \$50 	<ul style="list-style-type: none"> Vendors will receive a meal ticket Reduced stay price at different convoy locations provided at www.sdconvoy.org Opportunity to provide goody bag items. 	<ul style="list-style-type: none"> Please call Todd Bradwisch or Amy Crawford at 605-331-4117 at least 48 hours prior if you cannot make the event.

By signing below, I certify that the information I have provided on this form is true and accurate.

Company Contact Signature

Date