



**2015 TOURNAMENT VENDORS  
FRANK BROWN PARK  
PLEASE PRINT ALL INFORMATION**

NAME OF  
EVENT: \_\_\_\_\_

DATES OF EVENT: \_\_\_\_\_

PROMOTER'S  
NAME: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SSN# \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

VENDORS LIST: (NAME/TYPE)

ADDRESS/TELEPHONE:

- |          |       |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |
| 6) _____ | _____ |

I certify that the above information is accurate and true to the best of my knowledge. I understand that all vendors must pay the city 1% of gross receipts for all retail sales within 20 days of event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TOTAL ENCLOSED: \$ \_\_\_\_\_**  
\$25 DEPOSIT X # \_\_\_\_\_ DAYS X# \_\_\_\_\_ VENDORS  
(CK# \_\_\_\_\_ DATE PAID: \_\_\_\_\_)