

Texarkana Fallen Bikers Memorial Wall

Vendor Application June 7th ,8th & 9th 2019



Vendor Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Type of Booth & Description: Please indicate type and provide description.

Business Food Game/Activity Art or Craft Non-Profit Other

Please give a detailed description of your products/services and include a photo, if possible.

Do you require electricity? Yes No

Electrical spaces are limited and reserved on a first come first serve basis.

I the undersigned, hereby release the Texarkana Fallen Bikers Memorial Wall from any accidents, damages, or thefts of the above said property or properties before after or at the time of the Texarkana Fallen Bikers Memorial Benefit June 7th, 8th, & 9th, 2019 at Texarkana, AR Convention Center.

Please sign to acknowledge that you have read all of the information and agree to be bound by this contract.

Signed: _____ Date: _____

Food Vendor Electric(\$150) Food Vendor No Electric(\$100)

Non-Food Vendor Inside(\$40)(10X10) Non-Food Vendor Outside(\$25)(10X10)

Non-Profit Vendor(\$25)

I have enclosed a check or money order made payable to:

Texarkana Fallen Bikers Memorial Wall, 5307 Boykin Rd., Texarkana, AR 71854

EMAIL: texarkanafallenbikers@gmail.com

PHONE: 903-244-1517, Text or Call