



OLD FORT DAYS

P.O. Box 4145
Fort Smith, Arkansas 72914
(479) 783-6176
Fax (479) 782-9944

Independent Midway Committee

APPLICATION TO EXHIBIT (This is not a lease agreement)

Vendor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Business Phone: (____) _____ Home Phone: (____) _____

Contact: _____ Fax Number (____) _____

If different from above, give Name, Address, and Phone of person to operate your booth:

Have you ever exhibited at our event before? If so, please give dates and name of exhibit:

REFERENCES

Name of Event	Year	City	State	Contact	Phone
1. _____					
2. _____					
3. _____					

BANK REFERENCES

	City	State	Contact	Phone
1. _____				
2. _____				

Please send a **photograph** of your exhibit taken within the past six (6) months. Product literature would also be helpful.

THIS APPLICATION DOES NOT IMPLY OR GUARANTEE THAT SPACE WILL BE OFFERED TO YOU. ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ALL INFORMATION MUST BE FURNISHED BEFORE CONSIDERATION WILL BE GIVEN.

Incomplete applications will delay space assignments.

Our events strive to present a variety of quality products and services to its patrons and as such reserves the right to assign space in a manner that, in its opinion, distributes those products and services throughout the park without overloading any one area with similar products.

DO NOT SEND ANY MONEY WITH APPLICATION. Your application will be reviewed and if in the opinion of the "Association", your product or service will enhance our event, a space lease agreement will be mailed to you. **You will be given a reasonable period of time to comply with our instructions for returning your signed lease agreement. IF AFTER THIS REASONABLE PERIOD OF TIME, THESE ITEMS ARE NOT RECEIVED IN OUR OFFICE, YOUR LEASE SPACE WILL BE OFFERED TO ANOTHER VENDOR.**

Should space be offered, we agree to abide by the rules and regulations set forth in this application and in the Basic Vendor Rules and Information Sheet. All answers given in this application are true and accurate as of the date signed below.

Name (Please print): _____

Signature of Owner: _____

Please promptly return this application to:

**Old Fort Days Rodeo
Attn: Denny Flynn (479-783-6176 ext 213 or 479-965-6800)
PO Box 4145
Fort Smith, AR 72914**

Physical Address: Kay Rodgers Park, 4400 Midland Blvd, Fort Smith, AR 72904

Do you plan to open prior to the official opening date? ___Yes ___ No

List additional information here: