

GNCR VENDOR CONTRACT

Company Name:					
Contact Person:	Email:				
	<u> </u>				
	(Figure in a)				
Telephone: (Day): (Evening):					
WI Sellers Permit #:	Sellers Permit #:WI Temporary Event #:				
	nt or Trailer:				
Indoor or Outdoor Spac	e Preference: (Circle one): INDOOR OUTDOOR				
Power Hook-up Needed	: (Circle one): YES NO If Yes, AMPs				
List the items you will so	ell (If Food, all must be listed):				
Camping # of days nee	led:				
(\$25/day with checks m	ade out to DHL Management)				
Vendor Signature:	Date:				
GNCR Authorized Signa	ature: Date:				

Please ensure the form is filled out in full. All trailers will need to stay until the conclusion of Sunday's performance. Additional accommodations may result in added fees. The indoor/outdoor preference is not a guarantee of location.

Mail all items to: Great Northern Classic Rodeo P.O. Box 1969 Superior, WI, 54880

Phone: 218.25.BULLS (28557)

Email:greatnorthernclassicrodeo@gmail.com

website:https://www.greatnorthernclassicrodeo.org