



BLUE RIDGE FALL RACES

2009 Blue Ridge Fall Races to Benefit Blue Ridge Hospice

Blue Ridge Hospice * 333 West Cork Street Suite 405 * Winchester, Virginia 22601

Telephone: 540-536-5210 * Fax 540-678-0584

www.blueridgefallraces.com

September 19, 2009

VENDOR APPLICATION

Business Name: _____

Address: _____

City, State, Zip: _____

Contact: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Type of Business: _____

Description of Products: _____

Only products listed on the application will be allowed. We will make every effort not to have too many duplications in the product mix. Therefore, please submit your application early; we will assign tents on a first come, first served basis. Returning vendors will get consideration.

NOTE: All vendors are required to provide a Certificate of Insurance naming The Blue Ridge Hospice and Herb Jonkers/Woodley Farm as additionally insured. The certificate MUST be mailed or faxed (540/678-0584) to the Blue Ridge Hospice Office and received by September 11, 2009

COST

Premium Tent \$150 **Repeat vendor of Fall 2008 Race – No Charge**

- Includes one 10'x10' pop-up tent, two 8' tables, two chairs; one vendor parking pass; two general admission tickets. **NO** parking at the tent. Set up must be complete by 9:30am. Extra passes may be purchased at a discounted rate. Vendor offerings or displays are subject to Blue Ridge Fall Races approval or restrictions. Electrical power is not available. Generators are not allowed without prior approval.

PAYMENT

Total Enclosed: \$ _____

My check is enclosed **OR** Bill to my: VISA MASTERCARD Security Code: _____

Credit Card Number

Exp Date

Signature (Required)

Return By September 11, 2009 To Guarantee Your Space. Return to Cheryl Ringer C/O Blue Ridge Hospice, 333 W. Cork Street, Suite 405, Winchester, VA 22601 Passes will be Mailed To You By September 15, 2009

DIRECT ALL QUESTIONS TO: **Lisa Wilt email: lwilt@blueridgehospice.org: 540-536-5343**