



VENDOR APPLICATION FORM

VENDOR INFORMATION

Business Name: _____

Address: _____

Contact Person(s): _____

Phone: _____ **E-mail:** _____

Website: _____

Description of business: _____

Description of goods for sale/display: _____

Any special notes or considerations: _____

Method of payment (ex. Visa): _____

Select Competition:

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Homecoming + Collégial-Universitaire - | 250\$ |
| <input type="checkbox"/> Intense-Cité Gatineau-Ottawa - | ___\$ |
| <input type="checkbox"/> Intense-Cité Trois-Rivieres - | 150\$ |
| <input type="checkbox"/> Championnat Des Étoiles - | 300\$ |
| <input type="checkbox"/> Kick's Célébration - | 350\$ per day / 600\$ both days |
| <input type="checkbox"/> Cheer Cup - | 300\$ |
| <input type="checkbox"/> Kick's Graduation Party Québec - | ___\$ |
| <input type="checkbox"/> Kick's Graduation Party Montréal - | 250\$ |
| <input type="checkbox"/> Competition Package - | ___\$ |
| (Price of all competitions ___\$) | |

These rates do not include tax

Payments are to be received before the day of the competition

Vendor Signature: _____ **Date:** _____