



AYSO 397 Vendor Application Form

Name of Vendor: _____ Date: _____

Owner/Contact name: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

Email Address: _____

ADOR Taxpayer Id #: _____ EIN: _____ AZ Health Dept Lic #: _____

Type of Organization: Sole Proprietor Partnership Corporation LLC Non-Profit

What are you selling:

*****Vendors can only sell items listed above or on an approved attached list*****

Vendor Fees- Per season/ tournament

- Food \$300 up to 10 x 20 space only (requirements business license and an Arizona health permit)
- Retail \$250 up to 10 x 20 space only (non-perishable, requirements bullhead city business license)
- Non-profit \$75 up to 10 x 10 space only (requirements copy of 501c3 letter or certificate)
- Electric per event additional \$75 (Not available fall or spring season)

- Fall Season (Sept-Nov, 8-11 weeks) Spring Season (March-May, 8-11 weeks) Area Payoffs (1st weekend of Dec)
- CRIT Tournament (3 days- Presidents Day weekend) River Daze Tournament (1st weekend in April)

Total Amount Due: _____

Special Requests:

In consideration of the opportunity to sell authorized products, I agree to waive, release, indemnify, defend, and hold harmless the City of Bullhead City, any sponsors, organizations, individuals, or volunteers assisting in any phase of the event and their employees, agents, officers, or elected officials from liability for and claim or suit for damages, including attorney fees of any kind. Any questions please email region397@yahoo.com

Print Name: _____ Signature: _____

Make check payable to: AYSO 397 PO Box 21437 Bullhead City, Az 86442

Check # _____

