



## Vendor Request Form

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Please provide a brief description of the items that will be displayed/sold at your tent.

\*Electricity: Power sources and outlets are limited. You may bring your own generator.

## Vendor Options

\*\* Includes a ¼ page ad in program \*\*

Reserve the following space:

1 Space \$400

10'x10'

2 Spaces \$700

10' x 20'

20'x40' \$1200

2 Days: June 5-6<sup>th</sup>, 2010

Return forms and payments to:

MCC Sports Inc.

2220 CR 210 W

Suite 108, PMB #301

St. Johns, FL 32259

Make Checks Payable to: MCC Sports Inc.

Or Fax this form along with credit card payment information to 904-230-6144.

CC #: \_\_\_\_\_ CC Type: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

\* This is only a request, a vendor usage agreement must be completed to reserve your spot.

For questions contact: **Paul McCord**  
[Paul.McCord@MCCsportsInc.com](mailto:Paul.McCord@MCCsportsInc.com) ♦ 904-347-7202