

# SOUTHERN WISCONSIN BUCKSKIN ASSOCIATION

*Charter of the American Buckskin Registry Association*



## MEMORIAL SHOWDOWN COMMERCIAL VENDOR RESERVATION FORM

May 27-30, 2011

Jefferson County Fair Park, Jefferson, WI

**Fill out the information below to reserve a commercial vendor space at the Memorial Showdown.  
PLEASE RESERVE BY MAY 20, 2011**

Business Name: \_\_\_\_\_

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

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

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

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

**Vendor Space Requested** – Vendor space is limited. We encourage you to reserve early.

Vendor fee includes electric hookup. The \$25.00 per day vendor fee applies even if you do not plan to use electric. This is the fee that the Jefferson County Fair Park charges us to have vendors on the grounds. Spaces will be assigned.

Please check the day(s) below you plan to sell at the show:

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_

Total number of days above: \_\_\_\_\_ x \$25.00 per day = \$ \_\_\_\_\_

Electric Hookup Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Space Requested:

Outdoor/Trailer Space \_\_\_\_\_, if yes, please list size of trailer \_\_\_\_\_

Indoor space \_\_\_\_\_ \*\*Tables and chairs are not provided. Please plan accordingly.

Brief description of your business for the announcer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vendor agrees to indemnify, defend and hold harmless the Jefferson County Fair Park, its agent and employees, and the Southern Wisconsin Buckskin Association, its officers and representatives, against any and all claims for injury to person, animal or damage to property, resulting directly or indirectly from any act, incident, or accident occurring in, upon or about the premises of the Jefferson County Fair Park as a result of the acts, errors or omission of vendor or its agents or arising in connection with operations, use or occupancy of the premises by vendor.

**Vendor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Total Amount Enclosed:** \$ \_\_\_\_\_ **Check #** \_\_\_\_\_

Make check payable to **SWBA** and mail with vendor reservation form to:  
SWBA/Kyle Raabe, N2503 Kutz Rd, Fort Atkinson, WI 53538

Any questions:

414-940-0375

swba@swbuckskin.com

**We look forward to having you! Visit us online at [www.swbuckskin.com](http://www.swbuckskin.com)!**

*FOR OFFICE USE ONLY:*

Received on \_\_\_\_\_ Check# \_\_\_\_\_ Amount \_\_\_\_\_ Confirmation Contact Made \_\_\_\_\_