

# 2007 Virginia Motorsports Park Vendor Entry Form

Mail entry and fee to: Virginia Motorsports Park, 8018 Boydton Plank Road, Petersburg, VA 23803  
 Phone: 804-862-3174 Fax: 804-862-3301 www.virginiamotorsports.com

Event: \_\_\_\_\_

Name/Contact: \_\_\_\_\_

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

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

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

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

What do you sell? \_\_\_\_\_

<b>Vendor</b>
First 20' X 20' _____ \$150.00
Main midway
Extra Length # _____ x \$3.00 = _____
<b>Total Fee \$ _____</b>

Name credentials to be held under: \_\_\_\_\_

**Photo ID required to pickup credentials.**

**No Checks Day of Event**

**No Washing Rigs      No Stakes      No Electrical Hookups**

**Vendor space** includes one vehicle pass & 3 event credentials

Note: Payment must be received 15 days prior to event to reserve space requested. If payment is not received in time then "first come/ first serve". All vendors making retail sales @ VMP are responsible for acquiring the appropriate license and permits through Dinwiddie County. Please contact the Commissioner of Revenue at (804) 469-4500, ext. 4.

## All Vendor fees must be paid prior to set up

Entrants and participants to this show accept the rules and regulations set forth by the Show Committee and by execution of this form release and discharge Virginia Motorsports Park, it's employees, sponsors, judges, event staff, and any organization or person connected with the presentation of the event from any and all injuries, damages, accidents, losses, judgments and/or claims for any causes whatsoever that may be suffered by an entrant or participant to his/her personal property. I, the undersigned, fully understand that I am participating at my own risk, and take full responsibility for myself and my property. The Show Committee reserves the right to deny entry to anyone it deems necessary except those protected by statute.

Signature of Entrant: \_\_\_\_\_

Date: \_\_\_\_\_

## Return with vendor fees to reserve your space!

**Office use only.**

Type of vendor _____	Worker passes issued _____
Mailing List _____	PA Script _____
Amount Due: _____	Check Approved by: _____
VMP Rep: _____	Date: _____

**THE TRACK WILL BE CLOSED THE DAY AFTER THE EVENT!**