



# ELITE TOURNAMENTS VENDOR APPLICATION

## VENDOR INFORMATION

Company Name:

Type of Vendor:

Street Address:

City:

State:

ZIP Code:

Email:

Phone Number:

## POINT OF CONTACT

Contact Name:

Position:

Email Address:

Cell Phone Number:

## PRODUCTS AND/OR SERVICES TO BE SOLD

Attach a pricing sheet with pictures if new vendor.

ITEM	DESCRIPTION	PRICE

## ONSITE LOGISTICS

Tent Dimensions:

Target Market (Gender/Age):

Trailer Dimensions:

Non-Profit Organization (Yes or No):

Additional Equipment (to be provided by VENDOR):

Minimum # of teams/fields:

Special Accommodation Request(s):

## SIGNATURE VERIFICATION

I authorize the verification of the information provided on this vendor application. I will notify Elite Tournaments if there are any changes to the products/services I will be providing. For forms completely electronically, a typed name shall constitute a signature and agreement with the given statement.

Signature of Applicant:

Date:

## FOR INTERNAL USE ONLY:

Received & review by Elite Tournaments/Staff Name:

Date: