

2024 VCGP Exhibitor/Vendor Application

Saturday, April 28 through Sunday April 29, 2024. 8:00am to 5:00 p.m.

Applications must be completed and received by 5:00pm April 7, 2024



Business Name: _____

Contact Name: _____

Distributor (if applicable): _____

Contact Name(s) at Event: _____

Phone: (____) _____ Email: _____

Full Mailing Address: _____

Website and/or Social Media: _____

Please include a High-Resolution File of Your Logo (jpeg and AI preferred): Jpeg pdf AI Other

Type of set up (circle one): Tent Booth Other: _____

TERMS: I am applying as an exhibitor vendor for the 2024 Virginia City Grand Prix. I have read and understand the event information and enclose payment for the applicable fees. By signing below, you are committed to participating in the 2024 Virginia City Grand Prix and agree to follow the terms as outlined below:

- You agree to staff your booth at all times during the posted hours. You understand that you are responsible for abiding by all state, county and local laws, including health department guidelines.
- You understand payment and application is required to hold your on-site and event program vendor space.
- If any changes are made to your application, you agree to provide updated information by 4/7/2024.

Signature: _____ Date: _____

**By signing this form, you are stating that you are authorized to sign on behalf of the company/organization named above*

\$500 - Vendor / Exhibitor Fee Nonprofit Organization (Free) Other Amount

Please provide a short description of your business and products:

Note: Vendor Fees include a temporary (event) Storey County business license and the corresponding Sponsorship benefits. i.e., paid Vendor Fees of \$500 include Silver Level Sponsorship benefits.

PAYMENT INFORMATION AND CREDIT CARD AUTHORIZATION:

Payment Information:

- Enclosed, please find my check # _____ for \$ _____ payable to the Virginia City Motorsports Club (VCMC).
- Charge my credit card for \$ _____: VISA MasterCard
- Merchandise or Exchange of Service

Card number: _____ Exp. Date (Mo/Year) _____ / _____ Security Code (CVV) _____

Name on Card: _____ Signature: _____

**Please mail completed application and payment to VCMC, PO Box 1082, Virginia City, NV 89440.
Questions? Contact Paul Gross at paulgross@comcast.net or (310) 721-7865 mobile/text**