

VENDOR SPACE RENTAL APPLICATION



905 Cleaveland Ave., Riverview, NB E1B 1Y9
Phone: 506-855-8525
Email: info@hubcitymotorcyclerrally.com

Riverfront Park – Moncton, NB

June 18 – 21, 2026

www.hubcitymotorcyclerrally.com

This application is for non-food vendors only. Please complete and submit this application for consideration by our vendor committee. An official vendor contract agreement and invoice will be issued, if this application is accepted.

***Vendors will be required to show proof of insurance, or purchase an add-on through our insurance provider.**

****All fees are subject to HST.**

Company Name: _____

*as you want public to see

Contact Person: _____

Mailing Address: _____

Email Address: _____

Website Address: _____

Phone #: _____ Cell #: _____

Description of products or services you intend to sell or promote:

Required Vendor Space: Please check a box below

10X10 = \$500

10 x 20 = \$750

10 x 30 = \$1,000

10 x 40 = \$1,250

*Additional space upon special request and subject to availability

Power Costs: Please indicate what your power needs will be by putting the number of outlets required

X 15-amp plug (120v) \$65per

X 20-amp plug (120v) \$70per

X 30-amp plug (120v) \$80per

X 15-amp plug (208v) \$80per

X 20-amp plug (208v) \$70per

X 30-amp plug (208v) \$100per

*Special power requests will be quoted

Invoice Details: *if different from above, please provide invoice details below

Company Name: _____
*as you need on invoice
Contact Person: _____
Mailing Address: _____
Email Address: _____
Direct Phone #: _____
PO # if applicable: _____

Payment Details:

50% Deposit will be invoiced within two weeks of application approval (HST will apply).

A second invoice, for the balance, will be issued and due by May 22, 2026.

Please indicate your preferred method of payment:

Interac e-Transfer

Electronic Funds Transfer (EFT)

Cheque

Credit Card (4% processing fee applies)

I understand that this application only becomes a binding contract when formally accepted by Hub City Motorcycle Rally / ROROMA EVENT MANAGEMENT Inc.

Printed Name _____

Confirming Signature _____

Date _____