|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Text  Description automatically generated with medium confidence**Text, logo, company name  Description automatically generated**  **VENDOR AGREEMENT**  **2nd Annual CFRC Rodeo**  **March 1 & 2, 2024**  **Please Read Carefully**  Vendor Booth and/or Trucks sizes cannot exceed 10’ *(wide)* x 40’ *(length)*. No Vendor/Exhibitor can display any products, equipment, and/or merchandise of any kind not included in the detailed description in this Vendor Agreement.  All Vendors/Exhibitors must provide all equipment *(e.g.: tables, chairs, display cases, etc.)* or other setups to display or sell goods. Vendor check-in is 12:00 – 4:00 PM on day of event.  Food Vendors **MUST** provide a **Certificate of Liability Insurance** naming CFRC - The Community Foundation of Rutherford County and the MTSU Tennessee Miller Coliseum as additional insured for **$1,000,000.00** for each occurrence. This Certificate of Liability Insurance must be submitted with this completed Vendor Agreement.  **\*Fire extinguisher will be required at ALL FOOD trucks and/or booths\***  **\*\*No generators are allowed inside the coliseum per MTSU Policy\*\***  **\*\*\*Per MTSU Policy, absolutely no Cooking will be allowed inside the coliseum\*\*\*** | | | | | | |
| VENDOR information | | | | | | |
| Vendor/Business Name: Click or tap here to enter text. | | | | Date: Click or tap to enter a date. | | |
| Contact Person: Click or tap here to enter text. | | | Contact Mobile Phone: Click or tap here to enter text. | | | |
| Address:Click or tap here to enter text. | City/State: Click or tap here to enter text. | | | | | Zip: Choose an item. |
| Contact Email Address: Click or tap here to enter text. | | Other Phone: Click or tap here to enter text. | | | | |
| Vendor Type: Choose an item. | | If Applicable, % of Sales: Choose an item. | | | | |
| Description of Goods to be Sold: Click or tap here to enter text. | | | | | | |
| Payment:  Online *(Link forthcoming upon submission of this agreement)*  Check Please make check payable to **CFRC** and mail to: **1784 W. Northfield Blvd., #383, Murfreesboro, TN 37129-1702** | | | | | | |
| Signature of VENDOR By signing below, I hereby acknowledge I have completely read and fully understand this CFRC Vendor Agreement. I also understand any violation or deviation could result in my dismissal and the forfeiture of deposits, fees, sales, etc. | | | | | | |
| Signature of Vendor (Type Name): Click or tap here to enter text. | | | | | Title: Click or tap here to enter text. | |
| **NOTE – Save File and Email completed Vendor Agreement to: info@cfrutherford.org** | | | | | | |
| **> > > Forms and payment must be submitted by February 23, 2024 < < <** | | | | | | |