



Food Vendor Registration Form



Register Now!

Please check which event(s) you will be participating in. Receive \$50 off when registering for both events.

Location

Fee

- Utica (Hanna Park)** – 12p to 9pm - August 10th, 2019 **\$200**
- Oswego (Oswego Speedway)** – 12p to 7p - September 7th, 2019 **\$350**
- Both Events (\$50 off)** **\$500**

Price includes an approximate 15' space and electricity.
Full payment is required with registration form to reserve your space. Payment may be made by check or credit card (credit card form attached). All food and beverage vendors must have insurance and must obtain a temporary food service permit from County Department of Health.

Please send registration form and payment to: Galaxy Events, 235 Walton Street, Syracuse, NY 13202 or fax to 315-472-1888, or via email (if paying by credit card) at Jordan@galaxyeventscompany.com

- Check Enclosed
- OR
- Credit Card Form Attached

Your name

Company name

Your Phone #

Email address

Your Website

Check if you need electricity. Please fill out utility request form on page 2

Signature

Utility Request Form

Utility Request Form

Due a month before event

any vendor who does not submit their paperwork on time will have their electrical needs addressed last if there is sufficient time and power remaining.

Business Name _____

Contact Name _____ Contact Phone: _____

Type of Equipment	1-3 Phase	Voltage	Wattage	Amperage	Quantity

*Do not bring equipment to the event that is not listed on this sheet!

*No vehicles (except during load in and load out) will be allowed on site without prior permission from Galaxy Events.

Sign here that you are in agreement with the above _____
(NO SIGNATURE NO POWER)

*Booth placement will be based partially on your electrical needs. Please email, fax (315-472-1888) or mail the completed form back to Galaxy Events, 235 Walton St., Syracuse, NY 13202 no later than **a month before the event.**



Credit Card Form



Galaxy Events LLC
235 Walton St
Syracuse, NY 13202

Date: _____

Company Name: _____

Name on Card: _____

Phone Number: _____

Credit Card Billing Address _____

Card Type (Circle One): VISA MC AMEX DISC

Card Number: _____

3 (or 4 for AMEX) Digit Security Code: _____

Expiration Date: _____

Amount: \$ _____

Event(s): _____

No other charges will be authorized or made to the card without separate arrangements.

Client Signature _____ Date _____

Please call Jordan Prietti with any questions at 315-471-9597 or email Jordan@galaxyeventscompany.com