

## **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		N	PRICE
	ONCITE	OCIETICS	
ONSITE LOGISTICS			
		Target Market (Gender/Age):	
		Non-Profit Organization (Yes or No):	
Additional Equipment (to be provided by VENDOR):  Minimum # of teams/fields			:
Special Accommodation Request(s):			
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: