

ABATE of Georgia, Inc. RUN TO THE SUN
Vendor Registration Form
FEBRUARY 26,27, &28
ANGEL CITY UNADILLA GA
505 Busby Road, Unadilla, GA
(478) 627-3168

For Office Use
Date Received _____
Pymt Type _____
Amount \$ _____
Received by _____

9 AM to 9:00PM FRIDAY AND SATURDAY
9:00AM to 5:00PM SUNDAY

(PLEASE PRINT)

Vendor Name _____

Contact Person _____

Mailing Address _____

(If using Credit card please use billing address)

City _____ State _____ Zip _____

Phone _____

Are you an ABATE of Georgia member? _____

If not would you like to join and receive newsletter? _____ \$30/single \$50/couple for 1 year

Type of merchandise or service _____

(Vending of food, drinks, and alcohol is not allowed except by ANGEL CITY)

Number of spaces desired

3 DAY WEEKEND

10x20 \$250.00+*\$50.00* _____

15x20-\$300.00+*\$50.00* _____

20x20-\$400.00+*\$50.00* _____

25x20-\$500.00+*50.00* _____

20x30-\$600.00+*50.00* _____

2 DAY WEEKEND

10x20 \$200.00+*\$50.00* _____

15x20-\$250.00+*\$50.00* _____

20x20-\$350.00+*\$50.00* _____

25x20-\$450.00+*50.00* _____

20x30-\$600.00+*50.00* _____

1 DAY

10x20 \$150.00+*\$50.00* _____

15x20-\$200.00+*\$50.00* _____

20x20-\$250.00+*\$50.00* _____

25x20-\$300.00+*50.00* _____

20x30-\$350.00+*50.00* _____

(Two admissions are included with each vendor space, additional admissions \$5 each)

Number of additional admissions desired _____ Total number of badges needed _____

(Vendor badges must be visible during operating hours and are required to re-enter the premises)

Amount enclosed \$ _____

Visa or MasterCard # _____ Exp Date _____ Security # on back _____

(may call in info if prefer not to mail – 866-867-5063 or 770-881-7438)

Check # _____ or Money Order # _____

Special placement requests (on a wall, next to a specific vendor, not next to another vendor selling the same type of goods, etc.)

We will do our best to consider these requests.
for space selection and assignment 2nd Choice _____
PREPAYMENT HAS FIRST CHOICE OF SPACE

(Vendor Signature)

Thank you for your cooperation. We appreciate your support!

Make checks payable to ABATE of Georgia, Inc

Mail to: ABATE of Georgia, Inc.

2517 Veterans Memorial HWY SW Austell, GA 30168

Phone 770-881-7438 OFFICE Fax – 7702344177– Fax 24/7

OR CALL RALPH @ 770-845-8148 cell or Heather @ 770324.6206

We accept Visa or MasterCard

(\$35 Fee for Returned Checks)

PREPAYMENT WILL BE RETURNED UPON

7 DAYS NOTICE PRIOR TO SWAP MEET IF CANCELLING