



Georgia Racing Hall of Fame Event Registration Form

For Office Use Only:

Event Name: _____
Event Date: _____
Event Location: _____

Business Information:

Business Name	
Federal Tax ID #	
Business Type	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Organization
Business Contact/Title	
Phone Number	
E-mail Address	

Additional Information:

Current Health Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On-Site Inspection Needed <input type="checkbox"/> Not Applicable
Access to electricity or water needed?	<input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Both <input type="checkbox"/> Neither
Booth Size Needed	<input type="checkbox"/> 10 x 10 <input type="checkbox"/> 20 x 16 <input type="checkbox"/> Other (Please Specify): _____
Applying as a	<input type="checkbox"/> Sales Vendor <input type="checkbox"/> Information Booth <input type="checkbox"/> Demonstrator

Signature: _____ Date: _____