



Retail Vendor Application Contract
Sunday, October 6, 2024

Foxfield welcomes your business to join us on race day, October 6 in the Vendor Village. We invite all vendors to submit this application by the **deadline of August 1** for consideration to promote your brand to our attendees and sell your product! Once your submission is approved and you've been notified, Foxfield will invoice your business through QuickBooks. Vendor fees are \$275.00. Please make sure the information below is complete so Foxfield can email you an invoice.

Each vendor will receive the essentials for setting up their vendor booth (10' x 10' tent, tables, chairs, tickets, and parking for staff) in advance of the race meet. Foxfield estimates race day attendance to be approximately 4,000 - 5,000. Connectivity is spotty so a hot spot is suggested (but not provided by Foxfield).

Gates on race day are @ 9:30am. Vendors will be allowed to enter grounds the day before or before gates open on race day for set up. Those arrangements, along with early exit times need to be made at least two weeks prior to race day. The final race post time is approximately 4pm.

The race meet is held rain or shine. Vendor's reservations may not be canceled or any payments refunded. All vendors must adhere to the licenses, rules, and regulations imposed upon vendors by the Commonwealth of Virginia and Albemarle County, VA. Each vendor is responsible for his/her own Virginia Sales Tax and Licenses.

***Optional:** Donate an item of your choosing as a part of Foxfield's pre-race social media campaign. Drum up attention to your business and support Foxfield.

Before August 1, please return the vendor contract, the vendor fee, and optional donation item to call attention to your business and participation at the races. A fully executed contract and payment will act as a vendor reservation. Questions, please contact **Susan Kreiner** (susankreiner@foxfieldraces.com)



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Company: _____

Product Descriptions: _____

Description of provided Social Media Prize (OPTIONAL): _____

Contact: _____

Billing Address: _____

City, State, Zip: _____

Is the Shipping Address the same? If no, please provide: _____

Telephone: _____ Email: _____

Approximate # of staff admission tickets needed: _____

Approximate # of staff parking passes needed: _____

of tables requested: _____ # of chairs requested: _____

Signature: _____ Date: _____