FOXFIELD
RACES

Spring Races Saturday, April 26, 2025

RETAIL VENDOR APPLICATION
In Foxfield's Vendor Row

Foxfield and its exclusive Vendor Row welcomes your business on race day to promote your brand to our attendees, and be promoted in various race day event materials (the Foxfield website, the race day program, and race day announcements).

Vendor fees are **$450.00.** I would like to pay (select one):

☐ Direct deposit via a Quickbooks invoice sent to email: _____

☐ Mail a check made payable to **FOXFIELD RACING LLC**, Po Box 4606, Charlottesville VA 22905

Each vendor will have a 10' x 10' space in the vendor area. Tickets and parking for staff will be provided in advance of the race meet. Foxfield estimates race day attendance to be approximately 12,500. Connectivity is spotty so a hot spot is suggested (but not provided by Foxfield).

Gates on race day are @ 9:00am. Vendors will be allowed to enter grounds early for set up purposes. Those arrangements, along with early exit times need to be made at least one week 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.

Please return the vendor application for consideration. Vendor will be notified prior to February 1st, if application has been approved. Once approved, Vendor will be invoiced for fee and must pay upon receipt to reserve space. Questions, please contact **Susan Roberts** (susan@foxfieldraces.com)

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Company: _____

Product Description: _____

Contact: _____

Billing Address: _____

City, State, Zip: _____

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

Telephone: _____ Email: _____

Short PA Announcement (please provide): _____

_____

_____

Approximate # of staff parking passes needed: _____

Approximate # of staff admission tickets needed: _____

# of tables requested: _____

 # of chairs requested: _____

Signature: _____ Date: _____