



Vendor Registration Form



Hosted by the Fort Smith Barbeque Society on July 16th & 17th, 2010 at Fort Smith Park located at 5301 Clayton Expressway in Fort Smith, Arkansas

Name of business: _____

Owner/Authorized Representative: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

Tax ID Number: _____

Description of item(s) to be sold: _____

FEE: -----\$50.00

**Please send this form and payment to:
Fort Smith BBQ Society * PO Box 10242 * Fort Smith, AR 72917**

**If you have any questions please contact Debbie Moschner at (479)650-2115
or e-mail: dmoschner@fsbbq.com or debbie.moschner@cox.net**

Waiver of Liability: *In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Fort Smith BBQ Society, , event sponsors, their representatives, and assigns for any and all injuries suffered by me in this event. Further, I hereby grant full permission to the FSBS, , event sponsors and/or agents authorized by them, to use any photographs, videotapes, recordings or any other record of this event for any legitimate purpose.*

Owner/Authorized Representative Signature: _____ **Date:** _____