



# WHITEFISH MARATHON EXPO & Race Day VENDOR REGISTRATION FORM

**EXPO: FRIDAY, May 16 • 12:00 PM - 6:30 PM at The Wave Aquatic and Fitness Center**  
**RACE DAY: Saturday, May 17 • 7:00 AM - 1:00 PM at Depot Park**

**Mail or email this completed form with the Vendor Fee to the address listed below.**

**You can also drop this form: The Wave Aquatic and Fitness Center, Attn: WHITEFISH MARATHON**

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Add'l Phone # \_\_\_\_\_

Contact Email \_\_\_\_\_

Description of product/services being exhibited \_\_\_\_\_

Does your company plan on selling items? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Are you sampling food or beverages? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

## Payment Information:

☐ Check or Money Order (Make payable to **The Wave Aquatic and Fitness Center**)

☐ Visa ☐ MC ☐ AMEX Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

3 or 4-Digit  
Security Code

Billing Address \_\_\_\_\_ Billing Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Vendor Benefit:

- One complimentary race entry

## Booth Selection

☐ **A.** Friday at The Wave only ----- **\$125**

☐ **B.** Saturday at Depot Park only ----- **\$175**  
(Saturday only non-profit rate) ----- **\$100**

☐ **C.** Both days and locations ----- **\$250**

Amount Enclosed: \$ \_\_\_\_\_

**Email completed form to Todd at  
[racedirector@whitefishwave.com](mailto:racedirector@whitefishwave.com) to reserve  
your booth space today!**

**Or, mail this form with payment to:**

**The Wave Aquatic and Fitness Center  
Attn: Whitefish Marathon Vendor  
1250 Baker Ave.  
Whitefish, MT 59937**