



**VENDOR REGISTRATION**

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_

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

Service(s) Provided \_\_\_\_\_

Number of people your firm can accommodate \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Comments \_\_\_\_\_

**BY SUBMITTING THIS FORM YOU AGREE THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO HONOR ALL RULES AND REGULATIONS REGARDING HISTORIC TRUST FACILITIES, AND YOU UNDERSTAND THE HISTORIC TRUST STAFF PERSON HAS THE FINAL AUTHORITY ON THE EVENT.**

**Signature**

**Date** \_\_\_\_\_

Please return this form and your \$150 annual registration to:

Casey Campbell  
UWF Historic Trust  
P.O. Box 12866  
Pensacola, FL 32591