



PRESENTS

WORS CUP

USA CYCLING MIDWEST REGIONAL MOUNTAIN BIKE CHAMPIONSHIPS

JULY 7-9, 2017 ★ CASCADE MOUNTAIN, PORTAGE, WI ★ worscup.com - 715.498.9677



Wisconsin Off Road Series WORS Cup

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[facebook.com/WORS Racing](https://www.facebook.com/WORS.Racing)

EXPO/TECH SPACE APPLICATION

Please Print Clearly and Retain a Copy for Your Records/Information

Applicant Information:

Contact: _____
Representing: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ On-Site Cell Phone: _____
email address: _____
____ Exhibitor ____ Team

Space required: (Please call regarding Premium locations.)

____ 10x10 (no vehicles or trailers) \$150*
____ 10X20 (a trailer < 12' in length & one 10x10 or two 10x10 tents) \$200*
____ 10x30 or 20x20 (trailers < 16' in length & two 10x10 tents) \$300*
____ 20X40 (RVs and large trailers) \$400*
____ Electricity (20 amp service) \$100*

Will you be selling anything? ____ Yes: ____ No:

If Yes, what: _____

- ◆ *Space reservation after July 3, 2017 will be charged a 20% late fee.
- ◆ Electrical access is only available with advance reservation and payment.
- ◆ Displays are limited to the space reserved and must fit within those boundaries.
- ◆ Sale of merchandise requires the approval and maybe subject to an additional charge.
- ◆ All displays should be set up at least one hour before the start of that days racing and remain in place for one hour past the start of the days last event.
- ◆ PA systems ,microphones, and any music played, require the approval of WORS.

Final approval and acceptance of this application is at the sole discretion of WORS Racing, LLC .

METHOD OF PAYMENT: CHECK (make payable to WORS) Check Number: _____

CREDIT CARD: VISA MASTERCARD Amount _____

CARD# _____ EXPIRATION DATE _____ SECURITY CODE _____

CARDHOLDER'S PRINTED NAME (as it appears on card) _____

CARDHOLDER'S ADDRESS (as it appears on monthly statement) _____

CARDHOLDER'S SIGNATURE _____

CARDHOLDER'S PHONE # _____

_____ (application representative) I agree to abide by all terms set forth on this form and realize failure to comply may result in the loss of any and all privileges and along with forfeiture of all fees.

Name (print) _____ Signature _____ Date _____

Please return your completed application to either the mailing to WORS office or e-mail to don@wors.org.