



WORS CUP

PRESENTED BY



JULY 11 - 13, 2014 ★ CASCADE MOUNTAIN, PORTAGE, WI ★ WORSCup.com - 715.498.9677

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 ___ Pro Team



Wisconsin Off Road Series

OFFICE
8675 Rolling Hills Road
Custer, WI 54423

DIRECTOR
Don Edberg

CELL PHONE
715 498 9677

OFFICE PHONE
715 592 5095

DON EMAIL
don@wors.org

WEB
wors.org
www.worscup.com
facebook.com/WORS Racing

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: _____

- ◆ Premium space is limited and will be sold on a first come first serve basis.
- ◆ *Space reservation after July 1, 2014 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 _____
 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.