

## GTOAA PONTIAC MUSEUM REGIONAL VENDOR REGISTRATION

VENDOR COMPANY:		
VENDOR CONTACT:		
MOBILE PHONE#:		
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL ADDRESS:	<del></del>	
TOTAL ENCLOSED:	<u>\$</u> \$100	
MAIL TO: Chris Winslow, 64  Gateway GTO Association.		<u>-</u>
By signing below, you accept responsib organizers from any and all liability	ility for your vehicle, property and	l yourself and you release the Regional
VENDOR CICALATURE.	D	ATE.