



Kelowna Boat Show Exhibitor Registration – Form A April 27 & 28, 2019

Return completed forms to register@kelownaboatshow.com

NOTE: Every exhibitor is required to complete Form C for New Boats and Form D for Used Boats and submit with this application form.

COMPANY INFO

Legal Company Name	DBA Company Name
Address	City
Were you an Exhibitor in 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No	Province
Website:	Postal Code
Social Media Links:	

REGISTRATION CONTACT INFO

ON-SITE CONTACT INFO

Contact Name:	Contact Name:
Phone number:	Phone number:
Fax number:	Fax number:
Cell number:	Cell number:
Email:	Email:

INSURANCE

NOTE: Certificate of insurance showing mandatory requirement minimum \$2,000,000 Liability with Kelowna Yacht Club shown as “additional Insured” to be received no later than March 30th, 2019.

Insurance Broker:	Contact Name:
Broker's email:	Phone number:

EXHIBIT INFO

IMPORTANT NOTES: Dealers will only display new and/or used boats that are part of their usual brand inventory. All other used boats will be displayed in the Private Used Boat section.

Area	# Spot/Slips	Cost	Total	
Dealer Watercraft – New		\$250		<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">Will you require boat trailer parking?</div> <input type="checkbox"/> Yes <input type="checkbox"/> No For how many? _____ <b style="color: red;">NOTE: Trailer parking is for out-of-town exhibitors ONLY <i>Please note: Some 'on land' exhibits may be required to be removed Saturday evening and reset on Sunday morning.</i>
Dealer Watercraft – Used		\$235		
Corporate Watercraft – New		\$210		
Corporate Watercraft – Used		\$195		
Barge (water exhibitor vs. land)		\$450		
Commodore's Dock/Muster Station		\$475		
In/Around Clubhouse		\$325		
		Sub-Total		
		GST		
		TOTAL		

Upon approval of this application, Kelowna Yacht Club will contact you to process your payment. Payment Options: VISA MC Cheque Cash

It is understood that by completing this form, you have read and agree to the terms and conditions.

Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

Payment Amount Received		Chit #	
Indemnity Form Received		Certificate of Insurance Received	