



VEDNOR INFORMATION FORM

Instructions:

- **This document must be filed out in full in order for a vendor agreement and waivers to be completed.**
- **Completed Forms are be e-mailed to David Silber to complete agreement**
- **Completed agreements should be saved in a separate file and if associated with a member uploaded to CA**

Legal Name of Vendor: _____

Address of Vendor: _____

Phone Number of Vendor: _____

E-mail Address of Vendor: _____

Name of Event: _____

Date(s) of Event: _____

Star/End Time of Event/Seminar: _____

Amount Being Paid for Event: _____
(if \$0.00 then amount is \$1.00)

File location where scanned files are saved: _____

Description of Event:

Certificate of Insurance naming "Team85 Fitness & Wellness, LLC" as additional insured

Attachments (if Applicable included in request):

1. _____
2. _____
3. _____