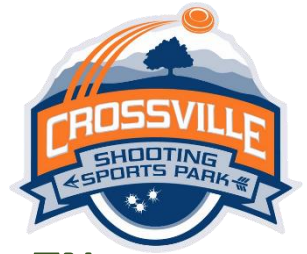




# 2025 Gamaliel Cup Sponsor Contract

April 3<sup>rd</sup> – 6<sup>th</sup>, 2025

Crossville Shooting Sports Park - Crossville, TN



Company \_\_\_\_\_ Contact \_\_\_\_\_

Mobile & Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Event(s) Sponsored \_\_\_\_\_

Total Due \$ \_\_\_\_\_  Check  Credit Card  In Kind \_\_\_\_\_

Payment Information: Please mail your check to  
**Gamaliel Cup, P.O. Box 240 – Gamaliel, KY 42140 OR call Terri Chandler  
with your credit card information at 270-457-2825.**

We accept VISA, Master Card, American Express, & Discover.

Vendor Space  No  Yes    Size \_\_\_\_\_

***All vendors are required to provide proof of insurance in order to vend  
at this event. Please return proof of insurance along with this contract.***

I have read the above sponsor contract & agree to the terms presented.

**Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_