

WOMEN'S WELLNESS 2026 VENDOR REGISTRATION

YMCA TROUT LODGE IN POTOSI, MO

February 20-22, 2026

Business Name: _____

Contact Name: _____ Contact Phone: _____

VENDOR AGREES TO:

Pay by check or credit card the sum specified on page 2 for the type of the package you choose.

- Make check payable to "YMCA Trout Lodge"
- Mail completed and signed contract with payment to:
Women's Wellness Weekend
YMCA Trout Lodge 13528 State
Highway AA Potosi, MO 63664

Note: Receipt of payment and signed contract is required to reserve space. There are no refunds under any circumstances.

OR pay by credit card the sum specified on pg. 2 for the type of package you choose. With this option, you may complete the registration form and email it back (optional). **E-Mail address:**

womens.wellness@gwymca.org (Note: You will need to save this blank form on your device first, then open this document in your device to complete, then save and finally email back.) Please call 573-438-2154 Mon-Fri 9am-3pm to pay by credit card.

Refrain from the possession, display, sale or distribution of the following:

- Animals
- Literature that would be considered profane, pornographic in nature or promoting political beliefs.
- Firearms or weapons of any kind. Weapons are defined as anything that may be considered a weapon,

No food or drink, except sample sizes (2 oz. or less). Wrapped candies and similar are fine. You will need to get a permit from the Washington County Health Department to give out unwrapped foods.

If using audio equipment, please keep at a respectable volume.

Must have a Tax ID number if you will be selling anything out of your booth. Vendor is responsible for collecting any appropriate sales tax and remitting said taxes to the proper authority.

Check-in and set up is from 1-4 pm on Friday. **Clean up** is on Sunday after Noon.

You must remain open for business: 4 -7 pm on Friday; 9 am - 7 pm on Saturday; 9 am - Noon on Sunday
(Participants may shop during free time or between class changes)

Must complete and sign any additional materials accompanying the contract, if any.

VENDOR AGREES that neither YMCA Trout Lodge & Camp Lakewood nor any of the sponsoring or affiliated agencies shall be held liable for any loss of revenue incurred by Vendor's participation in Women's Wellness.

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YMCA TROUT LODGE AGREES TO:

Provide publicity for Women's Wellness Weekend.

Provide space as assigned by Trout Lodge.

Provide access to dumpsters to facilitate clean-up of the assigned areas.

Advertise the vendor area throughout the Women's Wellness program.

Assign space on a first-come, first-served basis (ie. completed form and fee)

Note: YMCA Trout Lodge & Camp Lakewood, at its sole discretion, reserves the right to refuse any vendor.

Please sign the contract materials where indicated and return with payment in the form of check or credit card, to the address at top of this agreement (or via email with credit card payment).

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ITEM	DESCRIPTION	PRICE	# REQUESTED	\$ TOTAL
BOOTH <i>Cost covers two people. Additional must pay for meals.</i>	8' wide x 8' deep <i>Comes with a table, 2 chairs and cloth. Includes lunch on Saturday & Sunday.</i>	\$75	_____	\$ _____
EXTRA TABLE	<i>Comes with table cloth</i>	\$30 per table	_____	\$ _____
ELECTRICITY	<i>Comes with extension cord and surge protector</i>	\$10	_____	\$ _____
ACCOMMODATIONS	<i>Comes with buffet-style meals (Accommodations will be in Camp Lakewood cabins, upgraded rooms will be \$100 per person per night)</i>	\$60 Per Night Per Person	_____	\$ _____
			TOTAL AMOUNT ENCLOSED:	\$ _____

REGISTRATION INFORMATION

Items you will sell: _____

Business Name: _____

Owner/Operator Name: _____ Tax ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Business: _____ Phone/Cell: _____

E-Mail Address: _____

Special Needs: _____

I am paying by: ☐ Check (enclosed - payable to YMCA Trout Lodge)

☐ Credit Card **Please call with Credit Card information**

Vendor Signature _____

Date _____

Women's Wellness Rep. Signature _____

Date _____

FOR OFFICE USE ONLY

Date Received: _____

Initials: _____