



MARATHON BAHAMAS

HEALTH & FITNESS EXHIBITORS AGREEMENT

January 13, 2018

Information

Company Name: _____
Contact: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone Number: () _____ Fax Number: () _____
Website/ Social Media Platforms:
Website URL: _____ f @ _____ i @ _____
t @ _____ Other: _____

Product/ Services Offered: _____
Booth Typer (Check One): _____ Standard Booth (\$100) _____ Bag Stuffers (\$50 per item)
Payment Enclosed \$: _____ (Please make all cheques payable to: MARATHON BAHAMAS)

Waiver Required

Booths will be assigned on first come, first serve basis upon receipt of completed application and payment.
No refunds will be given after December 1, 2017.

x _____

Please sign above: I have read the Waiver Required regarding Marathon Bahamas Race Village Agreement.