



**CHICAGO FOOTBALL CLASSIC
SCHOLARSHIP FUND, INC**
41 West 84th Street
Chicago, Illinois 60620
(773) 874-8000

**Saturday, September 2, 2023
Soldier Field – 3:30 p.m.**

2023 VENDOR APPLICATION

Company

Name: _____

Contact: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Day Phone: (____) _____

Cell Phone: () _____

Email Address: _____

Product Description:

Do you need Electrical Power? YES _____ NO _____

- **YOU CANNOT SELL T-SHIRTS OR PARAPHANELIA WITH THE “CHICAGO FOOTBALL CLASSIC” NAME OR LOGO.**
- **YOU CANNOT VEND FOOD OR BEVERAGES AT SOLDIER FIELD**

Payment Information

Booth Fee: \$325.00 Small Business \$600 Corporate

Includes: one (1) space, two (2) 8ft tables, two (2) chairs, and two (2) vendor badges.

Your vendor number will generate once your application is approved and payment is received.

Acceptable forms of payment are: Money Order, credit card (authorization form attached) or cashier’s check. Cash is accepted if brought to the location below. (No personal checks)

Make all cashier’s checks payable to: **Chicago Football Classic Scholarship Fund, Inc.**
Mail To: **Chicago Football Classic Scholarship Fund, Inc.**
41 W. 84th Street
Chicago, IL 60620
(773) 874-8000 X4024

Game Day Contact: **Information will be provided prior to game day.**

**If you should have questions or comments please contact:
Julia Steele at jmsalso@chicagofootballclassic.biz**

You must provide your own cart to wheel any items into the vendor area.

Vendor signature: _____ Date: _____



Chicago Football Classic
41 W. 84th Street
Chicago, IL 60620
773-874-8000 x24
773-874-5804 Fax
www.chicagofootballclassic.org

CREDIT CARD AUTHORIZATION FORM

I authorize the Chicago Football Classic Scholarship Fund, Inc. to charge my credit card for (Check Appropriate):

- Skybox Rental
 Initial Deposit
 Final Charges
 Vendor Marketplace

Event scheduled: September 2, 2023
Name of Event: 2023 Chicago Football Classic

Type of Card (Check One):

American Express: _____

Visa: _____

MasterCard: _____

Diners Club: _____

Discover: _____

Name on Card: _____

Card Number: _____ Exp. Date: _____ ccv# _____

Total Estimated Charges: \$ _____

Signature: _____ Date: _____

I authorize the Chicago Football Classic Scholarship Fund, Inc. to charge the above credit card. I know that there is a 3% service charge.

FOR OFFICE ONLY:

Manager in Charge of Event: Everett Rand