

VENDOR REGISTRATION



GOODHUE
BOAT COMPANY

Smith Mountain Lake Chapter Antique & Classic Boat Society

Presents its

33rd Annual Boat Show

September 13, 2025

SITE: Crazy Horse Marina Smith Mountain Lake

Antique Boats, Food and Craft Vendors

Vendor Registration Amount: \$125.00 single - \$200.00 double

Vendors, please contact Steve Rutigliano (see below)

Registration and Set-up: Saturday, September 13th 7-9:00 AM (All spaces approx. 10'x15') Friday, September 12th by request.

Exhibitors will be responsible for the following:

Any chairs, tables, canopies, etc. required, insurance for their exhibits, collections of Virginia sales tax, participation during the entire show (until 4:00 PM), safe and appropriate conduct, demonstration of their product whenever possible, removal of any vehicles to the designated area before start of activities (10:00 AM).

For further information call: Steve Rutigliano 315-649-5369 or email Srutig1250@yahoo.com

Vendor Registration Form

Please mail this portion of the form with your registration fee:

Mail Entries to: SML Chapter ACBS, 1763 Morgans Mill Rd., Goodview, VA 24095 Att. Steve Rutigliano

Vendor Space - \$125 single or \$200 double \$ _____

TOTAL \$ _____

Make Checks Payable to: SML ACBS

Please Print:

Name _____

Address _____ Zip _____

Phone _____

Indicate type of product _____

NOTE *I hereby waive, for myself or anyone who may accompany me, any claim for injury to my or my invitee's person, boat, vehicle(s) or personal property for injury or damage which may occur due to my participation either personally or through the use of my boat or vehicle, personal property or equipment in the function known as "The Smith Mountain Lake Antique and Classic Boat Festival". I agree to hold harmless The Smith Mountain Lake Chapter ACBS, its officers and appointees, the international organization known as ACBS, its officers and appointees, and Goodhue Boat Company and all volunteers in this event. I further state that my personal property and I are fully and adequately insured.*

SIGNATURE: _____ Date _____

Print Name: _____ Email: _____