



Name of Event: Dolphin Classic 2027 **Date:** January 29th-31st, 2027

Location: Osceola Heritage Park: Events Center
1901 Chief Osceola Trail
Kissimmee, FL 34744

Set up (tentative): Friday, January 29th at 11am **Tear down (tentative):** Sunday, January 31st after 11pm

Number of athletes: 500 anticipated **Items provided:** 1-3 rectangular tables

Cost: \$215 + 15% of vendor sales for the event (as a tax-deductible donation)

Name of vendor: _____

Types of products sold: _____

Contact Person: _____ Phone: _____

Email: _____

Vendor agrees that the cost to participate in the event is \$215 plus a tax-deductible donation of 15% of your sales for the entirety of the event to Orlando Gymnastics. **Payable at the end of the event (check or money order), no later than February 13th, 2027.**

Vendor Signature: _____

Date: _____

Approved by (Event representative): _____

Signed: _____