



VENDOR FORM

Vendor spaces will not be held without full payment.

Name of Business: _____ **Date:** _____
Name of Contact: _____
Business Address: _____ **City/State:** _____ **Zip:** _____
Cell Phone Number: (required): (_____) _____
Contact Email (required): _____

Vendor Fee is \$200 (May 22-26)

Arrival Date AND Time: _____ **Departure:** _____

An additional one time charge for power will also be required as follows:

30 amp _____ \$25 one time fee per plug

50 amp _____ \$50 one time fee per plug

Length of trailer or display _____ **Width of trailer or display** _____

Location Choice (NOT guaranteed): _____

☐ **CHECK ENCLOSED:** (*Payable to **GOHA***) Check # _____ Amount \$ _____
Name on Check: _____

☐ **CREDIT CARD:** *4% PROCESSING FEE WILL BE ADDED AT CHECKOUT*

Circle One: _____ Visa _____ MasterCard _____ Discover _____ American Express _____

Card Number: _____

Expiration: ____/____ Security Code: _____

Exact Name on Card: _____

Billing Address, including City, State, & Zip: _____

_____ Amount \$ _____

Signature: _____

Please return this **contract and Proof of Insurance** with check/credit card information to address below:

Mail Forms and Checks to:

**Georgia Quarter Horse Association
PO Box 49340
Athens GA 30604**

For More Information:

GeorgiaQuarterHorse@yahoo.com

706-201-6724