



GEORGIA QUARTER HORSE ASSOCIATION

**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**

**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](mailto:GeorgiaQuarterHorse@yahoo.com)

**706-201-6724**