



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**