



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 \$150 (March 20-22)

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