



Vendor Application

FLORIDA GULF COAST CIRCUIT

January 2,3,4,5, 2017

Name of Business _____ Name of Representative _____

Mailing Address _____ City _____ State _____ Zip _____

E-Mail _____ Website _____ Phone _____

Product Description

BOOTH SIZE: _____ MOBILE UNIT SIZE _____

PLEASE INDICATE IF YOU ARE ATTENDING BOTH GOLD & GULF COAST

BOTH GOLD & GULF _____ GOLD ONLY _____ GULF ONLY _____

SIZE: RATE: **GULF CIRCUIT (JAN 1 MOVE IN, JAN 6 MOVE OUT)**

10 X 10 \$450 entire circuit

10 X 20 \$550 entire circuit

Mobile Units \$550 entire circuit

TRAILER SALES: Please contact office listed for space availability and price per horse trailer

For VENDOR SPONSORSHIPS, please contact office fghasecretary@aol.com or 941-484-4687. To include banner signage, class naming, social media releases, hospitality, and more.

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|--|---------------|--|---------------|
| GULF COAST CIRCUIT | JAN 1-5, 2017 | SPACE ORDERED | TOTAL \$ |
| | | | 7% Sales Tax: |
| Mail To: | | Grand Total Due | \$ |
| Florida Quarter Horse Association PO Box 325, Laurel, Fl. 34272 941-484-4687 or 941-416-2302 or 941-426-0000 FAX | | We also accept Visa, Master Card, American Express & Discover NAME ON CARD: _____ CARD # _____ Exp date: _____ CVC _____ ZIP: _____ | |
| I Hereby apply for Vendor Space at the Florida Gulf Coast. Payment in full must accompany to guarantee space will be available. By my signature I authorize FQHA to charge fees associated with this Vendor Application to my credit card. | | | |
| Signature: _____ | | | |