



# 2018 HHF Vendor Registration Form

## VENDOR INFORMATION

Vendor Name (please print):
Vendor Signature & Date:
Business Name:
Street Address:
City:
Zip Code:
Phone:
Email:
Website:
CA Seller's Permit #:
\$25 Booth Fee <i>Please make check or money order payable to "TOVEA" (Twin Oaks Valley Equestrian Association)</i> Payment type (cash, check, or money order):
I have read and agree to the terms and conditions of the 2018 HHF Vendor Agreement (please sign):

## BOOTH STAFF

*Staff must be listed for insurance purposes*

Employee Names:
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## PRODUCT INFORMATION

*Please note that all vendor property is unsecured and the sole responsibility of the vendor*

### Vendor Type

	Activity Provider
	Community Based Club
	Equestrian Equipment / Supplies
	Gift / Retail
	Non-Profit
	Other

### Booth Specs *(All tables, chairs, canopies, & equipment provided by vendor)*

	Single (10 x 10)
	Double (10 x 20)

Type of Products Sold:
Special Requirements: