



2024 HHF All Other Vendor & Exhibitor 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 2024 HHF Vendor Agreement (please sign):

BOOTH STAFF

Staff must be listed for insurance purposes

Employee Names:

PRODUCT INFORMATION

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

Vendor Type

<input type="checkbox"/>	Activity Provider
<input type="checkbox"/>	Community Based Club
<input type="checkbox"/>	Equestrian Equipment / Supplies
<input type="checkbox"/>	Gift / Retail
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Other

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

<input type="checkbox"/>	Single (10 x 10)
<input type="checkbox"/>	Double (10 x 20)

Type of Products Sold:
Special Requirements: