



Mississippi
Charity Horse Show



P.O. Box 22707 Jackson, MS 39225

VENDOR FORM

VENDOR FEE:

Vendor Space \$250 (Located around ring side behind spectator seats. Vendor space approximately 8' x 20'. See photo below)

Fee Includes:

- Listing in the show's program book
- Listing on the show's website 'List of Vendors' for the year
- Announcement during the show.

Vendor spaces are on first come – first serve basis.

For more information, contact:
Robert Taylor at 601-942-0138.



DATE: _____

- Cash enclosed. Amount: _____ Mississippi Charity Horse Show Association's Tax ID #: 64-6026886
- Check enclosed. Amount: _____ (Please make checks payable to: Mississippi Charity Horse Show)
- Please send Billing Statement to name/address below.

Name of Business: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail: _____

I agree to pay for vendor fee upon the signing of this form. Vendor fee is only refundable if area is not available. Mississippi Charity Horse Show agrees to place a listing in the show's program book and on the show's website.

Authorized Signature: _____ Date: _____

Printed Name: _____



The Mississippi Charity Horse Show Association and Blair E. Batson Children's Hospital
Thanks you for your support!

www.mscharityhorseshow.com