



# Vendor Application

March 19-22, 2020

Company/Individuals Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address Line: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

I Need Electricity (\$50.00) \_\_\_\_\_ Amperage required \_\_\_\_\_ Number of Outlets Required

I Need Access to Water

Food Vendor (Please provide copy of current health license)

## I WISH TO RESERVE:

- |   | Price           |
|---|-----------------|
| <input type="checkbox"/> <b>10'x10' Free Standing Vendor Space</b><br>(Includes one 10'x10' vendor space. Vendor to provide 10'x10' tent)         | <b>\$350.00</b> |
| <input type="checkbox"/> <b>10'x10' Vendor Space w/10'x10' Tent (*tent has 4 sides)</b>   | <b>\$500.00</b> |
| <input type="checkbox"/> <b>Premium Free Standing 20'x20' Vendor Space</b><br>(Includes one 20'x20' vendor space. Vendor to provide 10'x20' tent) | <b>\$450.00</b> |
| <input type="checkbox"/> <b>Premium 20'x20' Vendor Space w/20'x20' Tent (*tent has 4 sides)</b>   | <b>\$800.00</b> |

## PAYMENT INFORMATION:

Total Enclosed: \$ \_\_\_\_\_

My check is enclosed (Make checks payable to: CAROLINA HORSE PARK FOUNDATION)

Bill to my:  Visa  Master Card  American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature (Required): \_\_\_\_\_

## The Carolina International Program Ad

\*Advertising in The Carolina International Program will be discounted 15% for vendors

**PLEASE RETURN BY MONDAY, FEB. 24, 2020**

**Direct all questions and mail to:**  
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136 Essex St. Beverly MA 01915  
Cell: 978.500.5850 Email: [amyproctor136@gmail.com](mailto:amyproctor136@gmail.com)