

**Remit to:**  
Starr Vaughn Equestrian, Inc  
7541 Sloughouse Road  
Elk Grove, CA 95624



**www.svequestrian.com**  
916-689-5121 office  
916-689-5120 fax  
svequestrian@aol.com

## Vendor Request Form

### Company Information

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Products Sold: \_\_\_\_\_

### Event Request Information

Event Name: \_\_\_\_\_ Vending Dates: \_\_\_\_\_

Set Up Date/Time: \_\_\_\_\_ Take Down Date/Time: \_\_\_\_\_

Power hook up needed?      YES    NO      If so, how many days? \_\_\_\_\_

Contact Person during Event: \_\_\_\_\_

Does your storage trailer/vehicle have sleeping quarters?      YES    NO

Will someone be staying on-site overnight?      YES    NO

Special needs (extra trailer space, sheltered area, shower facilities, etc)? \_\_\_\_\_

### Payment Information

Total Vending Days: \_\_\_\_\_ x \$25.00 per day = \_\_\_\_\_

Days Power needed: \_\_\_\_\_ x \$35.00 per day = \_\_\_\_\_

GRAND TOTAL = \$ \_\_\_\_\_

Payment method: \_\_\_\_\_ Check # \_\_\_\_\_

**STARR VAUGHN EQUESTRIAN, INC IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS, AND/OR ANY DAMAGE OR LIABILITY INCURRED WHILE AT THE STARR VAUGHN EQUESTRIAN FACILITY. PLEASE SECURE ALL YOUR VEHICLES AND PRODUCTS!**

\_\_\_\_\_  
Signature of Company Representative      Date

\_\_\_\_\_  
Accepted By      Date