Remit to:

Starr Vaughn Equestrian, Inc 7541 Sloughhouse 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:		_
Product Sold:		_
Event Request Information		
Event Name:	Vending Dates:	
Set Up Date/Time:T	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 quarte	ers? YES NO	
Will someone be staying on-site overnight?	YES NO	
Special needs (extra trailer space, sheltered area, sho	ower facilities, etc)?	
Payment Information 50.00 per Day Includes Electric nsurance Requirement: Starr Vaughn Equestrian Inc. requ s the Certificate Holder and Michele Vaughn must be nam		uestrian Inc. must be r
	GRAND TOTAL = \$	
Payment method:Check #		
STARR VAUGHN EQUESTRIAN, INC IS NOT RESANY DAMAGE OR LIABILITY INCURRED WHILE PLEASE SECURE ALL YOUR VEHICLES AND PROD	ATTHE STARR VAUGHN EQUESTRIAN	EMS, AND/OR FACILITY.
Signature of Company Representative Date	Accepted By	Date