

## North Carolina State Championship Horse Show Vendor Form

September 13-16, 2023 • Raleigh, NC

Vendor Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Description of Business/Products:		
	Check Number:	
MC/Visa/AX:	Exp. Date:	CVC:
	\$100 Vendor Fee	
	Includes 10 x 10 Vendor Space	
	INSURANCE REQUIREMENTS I liability insurance naming UPHA Chapter	12 as an additional insured.
NCSCHS and all its staff and agents	o the full extent permitted by law, the Vendor from any and all claims for any damage, los dor or anyone accompanying the Vendor at t	ses, or injury to persons or
Vendor Signature	Date	
Ma	ake checks payable and mail form to: UPHA Chapter 12 NCSCHS c/o Beth Snider	
	65 Old Taylorsville Rd. Shelbyville, KY 40065	

Visit us at: UPHAChapter12.com

Email to: horseshowentries18@gmail.com