## Vendor Application



Mike 503.572.8092 | fax: 503.656.8180

## PLEASE TYPE OR PRINT CLEARLY

Company:	Contact Name:	
Address:		
City:	State:	Zip:
Phone:	Email	
Description of product(s	and/or items to be exhibite	ed

D JANUARY 7-9, 202
JANUARY 14-16, 202
Classic Equine® FEBRUARY 4-6, 2022

## 50% Non-Refundable deposit to hold space required

BOOTH SELECTION				
Booth Size	Cost	Quantity	Total	
12X12	\$250	x	\$	
12X24	\$350	x	\$	
Horse Trailer Sales	\$250	×	\$	
Vendor Trailer	\$350	×	\$	
Required deposit	50%	j.	5	
Total \$				

Method of Payment				
Check or Money Order	Visa	■ MasterCard		
Card Number				
Exp. Date	Code #			
Cardholder's Name				
Visa/MasterCard Fee 5%				

Mail completed contract with payment to: Barrel Racers National 4D 13159 S Leland Rd.

Oregon City, OR 97045

I, the undersigned hereby make application to BRN4D vendor space I have read, understand and agree to the terms and conditions.

Signature\_\_\_\_\_ Date\_\_\_\_