



# Vendor Application

## FQHA FLORIDA ROYAL

### February 14-15, 2026

Name of Business \_\_\_\_\_ Name of Representative \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_ Phone \_\_\_\_\_

Product Description

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BOOTH SIZE: \_\_\_\_\_ MOBILE UNIT SIZE \_\_\_\_\_

SIZE:

10 X 10

RATE:

\$50 per show day

10 X 20

\$75 per show day

Mobile Units

\$100 per show day

FQHA Florida Royal	Feb 14-15, 2026	Newberry, FL	TOTAL \$
<p>Checks to: Florida Quarter Horse Association PO Box 325, Laurel, Fl. 34272</p> <p>941-321-3247 or e-mail to <a href="mailto:fqhasecretary@aol.com">fqhasecretary@aol.com</a> for additional information</p> <p>By my signature I authorize FQHA to charge fees associated with this Vendor Application to my credit card.</p> <p>Signature: _____</p>			
<p>NAME ON CARD: _____</p> <p>CARD # _____</p> <p>Exp date: _____ CVC _____ ZIP: _____</p>			