



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

BOOTH SIZE: _____ MOBILE UNIT SIZE _____

SIZE:

10 X 10

10 X 20

Mobile Units

RATE:

\$50 per show day

\$75 per show day

\$100 per show day

FQHA Florida Royal	Feb 14-15, 2026	Newberry, FL	TOTAL \$

Checks to:
Florida Quarter Horse Association
PO Box 325, Laurel, FL 34272

941-321-3247 or e-mail to fqhasecretary@aol.com for additional information

By my signature I authorize FQHA to charge fees associated with this Vendor Application to my credit card.

Signature: _____

NAME ON CARD: _____

CARD # _____

Exp date: _____ CVC _____ ZIP: _____