

Mike 503.572.8092

fax: 503.656.8180

PLEASE TYPE OR PRINT CLEARLY

Company:	Contact Na	me:	Clegi	
Address:				
City:	_ State:	_ Zip:	January 1	0-13, 2019
Phone:	_ Email			
Description of product(s) and/or item	ns to be exhibited			

BOOTH SELECTION							
Booth Size	Cost	Quantity	Total				
12X12	\$250	x	\$				
12X24	\$350	x	\$				
Horse Trailer Sales	\$250	x	\$				
Vendor Trailer	\$350	x	\$				
Required deposit	50%	·	3				
_		Total	\$				

Vendor Application

January

3-6, 2019

T	Non-Refundable deposit to noid space require	rea						
	Method of Payment							
	Check or Money Order							
	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							