

**Vendor Application  
Autumn Classic Charity Horse Show  
November 15-17, 2023**

**Please print clearly and provide ALL requested information:**

Official Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Entry Fees (Please check all that apply)**

Craft Vendors:

November 15-17 \$225.00

Novelty Vendors:

November 15-17 \$225.00

Boutique Vendors:

November 15-17 \$225.00

Tack Vendors:

November 15-17 \$225.00

Services Vendors:

November 15-17 \$225.00

**\*\*NO FOOD VENDORS ALLOWED\*\*  
\*\*NO ALCOHOLIC BEVERAGES ALLOWED\*\*  
\*\*NO REFUNDS AFTER SETUP AT SHOW FOR ANY REASON\*\***

Please describe what you will be selling:

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**Release of Liability: ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT: I agree as follows by signing below:**

I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS (Including from damages, costs and attorney fees) the Competition, the facilities, and all of their respective Agents, Servants, Employees and Volunteers (Collectively the "Released Parties") from any claims, relating to the competition and my participation in the competition, belonging to me, or legally caused by me or my employee, for any kind of damages, losses, or injuries to myself, other persons, employees or property to the fullest extent permitted by law.

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

Make checks payable to: Autumn Classic Charity Horse Show, PO Box 70273, Albany, GA 31708  
Email Vendor Application and a copy of your General Liability Insurance form to: autumnclassic1985@gmail.com