

**REGION XV CHAMPIONSHIP HORSE SHOW
COMMERCIAL EXHIBITS CONTRACT**

JULY 1 - 5, 2008

Virginia Horse Center, Lexington VA

COMPANY/BUSINESS _____

TYPE OF MERCHANDISE _____

CONTACT NAME _____

ADDRESS _____

PHONE NUMBER _____ ARRIVAL DATE _____

Please choose one of the following Exhibit Space options: Added space in the prime locations charged at \$27.50 per foot front/deep

___ **Prime Location (10 X 10) - \$300 Additional space @ \$27.50 per linear foot Frontage with 10 foot depth Total space _____**

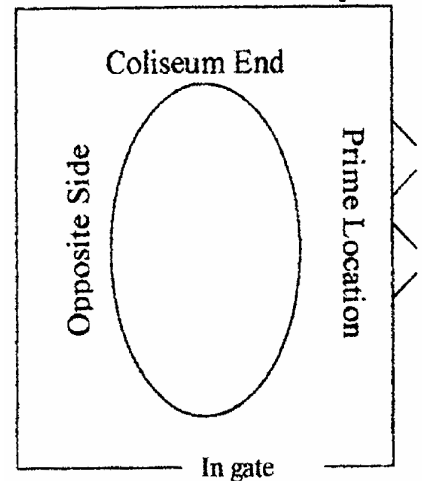
___ **Coliseum Ends (10 X 10) - \$225 Additional space @ \$20.00 per linear foot frontage with 10 foot depth Total space _____**

___ **Opposite Side of Coliseum (10 X 10) - \$225 Additional space @ \$20.00 per linear foot frontage with 10 foot depth Total space _____**

___ **Outside Location—for vendors with own setup trailers—
\$10 per linear foot (12 foot depth) PLEASE NOTE SPACE LIMITED!**

___ **Other (please call for arrangements)**

Anderson Coliseum Layout



One outlet is included with each individual space

Additional outlets are \$35.00 per; please list your requirements: _____

Minimum deposit 50% balance due day prior to show

The Region XV Arabian and Half-Arabian Horse Show and the Virginia Horse Center will not be responsible for any loss, personal injury or damage to vendors or for any article of any kind or nature that may be lost or destroyed or in any way damaged. Each vendor will be responsible for any injury that may be occasioned to any person or any damage to any property while on the grounds by any product owned or sold by him or his representative and shall indemnify the management against all legally established claims or damage of any kind or nature that may grow out of any injury occasioned by any product owned or sold by him. In addition said vendor will agree to abide by the Bylaws and Rules of the AHA. Presentation of this signed contract shall be deemed as acceptance of this agreement.

Signature _____ Date _____

**Return all copies of this form with a check payable to Region 15 to:
Martin Kleiner, PO Box 412, Schaefferstown, PA 17088-0412**

**For further information Martin Kleiner 717-866-8797(res) 717-949-2000(off) 717-507-5474(cell)
717-949-3593(fax) e-mail meekone@comcast.net www.region15.com**