

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

**JULY 4-8, 2012**

**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 \_\_\_\_\_

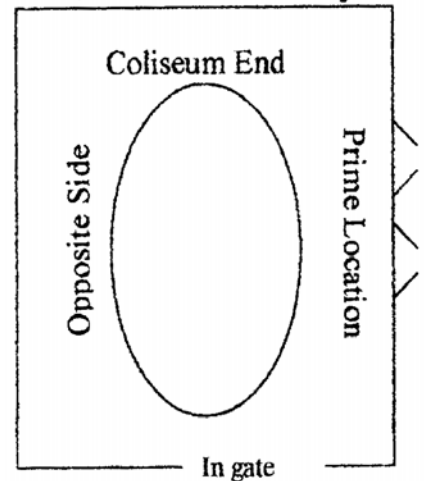
\_\_\_\_ Coliseum Ends (10 X 10) - \$225 Additional space @ \$20.00 per linear foot frontage with 10 foot depth Total space \_\_\_\_\_

\_\_\_\_ 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 717-949-2000(off) 717-507-5474(cell/res)  
717-949-3593(fax) e-mail meekone@comcast.net www.region15.com**