



VENDOR REGISTRATION FORM

Organization Name _____

Address _____

Contact Person: _____

Bus # _____ Cell# _____

E-mail: _____

Please bring your own table cover

You will have one rectangular table and 2 chairs

Your products of Service: _____

Cost \$150

For more information ocalaminimatch@gmail.com or www.floridafunminimatch.org

Please make payment & registration form:

Sway with me

411 Wanut Dr, St Johns , FL 32259



A Premiere Accredited Therapeutic
Horseback Riding Program