

**Michigan Interscholastic Horsemanship Association**  
Vendor Application

***Vendor Information***

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

Describe products and/or services offered: \_\_\_\_\_

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***Contact Information***

Name: \_\_\_\_\_

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

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

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

( Please submit completed form to [exec\\_board@miha.org](mailto:exec_board@miha.org) )