Michigan Interscholastic Horsemanship Association
Vendor Application

Vendor Information

Vendor Name: _____

Describe products and/or services offered: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Contact Information

Name: _____

Address: _____

City: _____ State: Zip Code:

Telephone: ( ) _____ Fax: ( ) _____

E-Mail: _____