

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: _____

(Please submit completed form to mihaexecutiveboard@gmail.com)