VENDOR AGREEMENT
ALL AMERICAN HORSE CLASSIC
Show dates: September 15-19 , 2026.
FALL CREEK PAVILION
Indiana State Fairgrounds, Indianapolis IN

Vendor Name _____

Address_____

Telephone_____

Email address_____

Contact person_____

Description of products or services to be offered at show:_____

Does Vendor maintain general liability/product liability insurance coverage? Y/N

Name of Insurance Carrier:_____

- **Please provide a copy of your insurance certificate. You can email it to melm323@att.net , mail with your contract, or bring to the show.**

This agreement is entered into by and between the Vendor and the All American Classic Horse Show.

For and in consideration of the payment of a nonrefundable fee: (circle one)

- 10 x 10 in Fall Creek Pavilion $180.00
- 10 x 20 in Fall Creek Pavilion $250.00

Vendor will be permitted to exhibit its wares, products, and/or services at the All American Horse Classic Horse Show during the show dates described above, pursuant to the Vendor Rules and Vendor Layout Plan established by the Show.
Vendor agrees, as a condition of its participation, to follow the Vendor Rules and acknowledges that a violation of those rules may be grounds for expulsion from the All American Horse Classic, Inc. without resourse or refund of the fee. Booth fee check,

Made payable to the
All American Horse Classic
Mail check to: Melissa Cake: 2522 Colony Ct. Carmel, Indiana 46280 (317)965-2029
Should be received by August 24, 2026

Vendor agrees to hold harmless, defend and indemnify the Show and the Indiana State Fair Commission, and their agents, employees, and executions which may result from the performance of this agreement of the action or inaction of the Vendor. Further, parties agree that the courts of the State of Indiana are the proper forum for any and all actions which may arise under this agreement.

SHOW:
By: ***Melissa M Cake***

Date_____

VENDOR:
By:_____

Date_____