

Vendor Registration

Name: _____

Company Name: _____

Address: _____

Phone Number: _____

Email: _____

Type of Business: _____

Event Attending: _____

Services/Products:

How many tables will you be bringing? _____

Other Comments/Concerns:

Current Vendor Fee: \$30

Please make your checks payable to Strides of Strength Therapeutic Riding, Inc.

Mail your check and this registration to:

Strides of Strength Therapeutic Riding, Inc.

2717 Gaston Farm Rd

Chester, SC 29706



STRIDES OF STRENGTH
THERAPEUTIC RIDING

2717 Gaston Farm Rd

Chester, SC 29706

803-374-6255

Beth.Gaston@StridesofStrength.org