

**NO BLING SHOW
STALL/TACK RESERVATIONS FORM
AUGUST 19 & 20, 2017**

- Stalls/tack rooms **MUST BE PREPAID** when reserved. Make checks payable to APHC/STALLS.
- **Envelope must be postmarked by August 10, 2017**
- Incomplete or late forms may not be processed. Stalls may not be reserved without payment.
- Stalls/Tack Rooms will be available at 8:00 am on Friday, August 18, 2017. If you require an earlier arrival please let us know.
- Do not include this form and payment with your entry form. Please mail to the address at the bottom.
- Stall refunds 50% for no shows and cancellation made within 24 hours prior to beginning of show.
- We will refund stalls with certified veterinary letter of reason for cancellation.

PLEASE PRINT CLEARLY

Name of Person Making Reservation: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Arrival Date/Time: _____ Email: _____

If Possible Stall With: _____

**A negative Coggins, dated within the previous twelve months, must accompany all horses brought onto County property.
A Health Certificate, dated within the previous thirty days, must be presented for any horse originating OUTSIDE Arizona.**

Please list all owners and horses included in this reservation. (Use back of form if necessary)

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Stalls paid by August 10th

Stalls/Tack rooms 1Night # Stalls : x \$38.00 = \$ _____

Stalls/Tack rooms 2 Nights # Stalls: x \$67.00 = \$ _____

Stalls/Tack rooms 3 Nights # Stalls: x \$96.00 = \$ _____

Stalls/Tack rooms 4 Nights # Stalls: x \$125.00 = \$ _____

Stalls paid after August 10th One Time Late Fee Per Stall # Stalls: x **\$15.00** = \$ _____

Shavings purchased through APHC available on site # Shavings: x \$11.00 = \$ _____

Total due for stalls & shavings: \$ _____

If paying with credit card add 4% service fee: Stall Amount x .04 = \$ _____

Total due for stalls using credit card: \$ _____

You may bring your own shavings with you.

Make check payable to **APHC** Mail to: 24617 N. 49th Ave. Glendale, AZ 85310

Fax to: 623-587-9579 Email: makuhlwein@gmail.com Questions call: Mark Kuhlwein 623-910-7305 Show Info: www.azpaints.org

Pay By Credit Card:

First Name: _____ **Last Name:** _____ **Signature:** _____

Card #: _____ **Security Code:** _____ **Zip Code:** _____ **Exp. Date:** _____