

**OCTOBER PAINT HORSE SHOW
STALL/TACK ROOM RESERVATIONS FORM
OCTOBER 28 & 29, 2017**

- Stalls/tack rooms **MUST BE PREPAID** when reserved. Make checks payable to APHC/STALLS.
- **Envelope must be postmarked by October 20, 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, October 27, 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 WestWorld 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: _____

Owner: _____ Horse's Name: _____

Stalls paid by October 20th

Stalls/Tack rooms 1Night # Stalls : x \$45.00 = \$ _____

Stalls/Tack rooms 2 Nights # Stalls: x \$80.00 = \$ _____

Stalls/Tack rooms 3 Nights # Stalls: x \$115.00 = \$ _____

Stalls/Tack rooms 4 Nights # Stalls: x \$150.00 = \$ _____

Stalls paid after October 20th One Time Late Fee Per Stall # Stalls: x \$15.00 = \$ _____

Total due for stalls: _____ \$

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

Total due for stalls using credit card: _____ \$

First night includes clean out fees. No pre-bedding included. You must arrange for pre-bedding. Call Feed Office at 480-312-6814

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:** _____