SPRING FLING STALL/TACK ROOM RESERVATIONS FORM APRIL 21 & 22, 2018

- Stalls/tack rooms MUST BE PREPAID when reserved. Make checks payable to APHC/STALLS.
- Envelope must be postmarked by April 9, 2018
- 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, April 20, 2018.
- 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 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 April 9 th		
Stalls/Tack rooms 1Night	# Stalls :	x \$48.00 = \$
Stalls/Tack rooms 2 Nights	# Stalls:	x \$86.00 = \$
Stalls/Tack rooms 3 Nights	# Stalls:	x \$124.00 = \$
Stalls/Tack rooms 4 Nights	# Stalls:	x \$162.00 = \$
Stalls paid after April 9 th One Time Late Fee	# Stalls:	x \$25.00 = \$
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 480-358-3793		
Make check payable to <u>APHC</u> Mail to: 24617 N. 49 th Ave. Glendale, AZ 85310		
Fax to: 623-587-9579 Email: makuhlwein@gmail.com	Questions call: Mark Kuhlwein 623-910	0-7305 Show Info: www.azpaints.org
Pay By Credit Card:		
First Name: Last Name:	Signature:	
Card #:	Security Code: Zip C	ode: Exp. Date: