

**SPRING FLING  
STALL/TACK ROOM RESERVATIONS FORM  
APRIL 22 & 23, 2017**

- Stalls/tack rooms **MUST BE PREPAID** when reserved. Make checks payable to APHC/STALLS.
- **Envelope must be postmarked by April 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, April 21, 2017.
- 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 10<sup>th</sup>**

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 April 10<sup>th</sup>** 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 480-358-3793

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

Fax to: 623-587-9579 Email: [makuhlwein@gmail.com](mailto:makuhlwein@gmail.com) Questions call: Mark Kuhlwein 623-910-7305 Show Info: [www.azpaints.org](http://www.azpaints.org)

**Pay By Credit Card:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Card #:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_