

**APHC HARVEST OF COLOR SHOW 2018  
STALL/TACK RESERVATIONS FORM  
OCTOBER 27-28, 2018**

- Stalls/tack rooms **MUST BE PREPAID** when reserved. Make checks payable to APHC/STALLS.
- **Envelope must be postmarked by October 20th, 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, October 26th, 2018. 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 October 20<sup>th</sup>, 2018**

Stalls/Tack rooms 1Night # Stalls : x \$50.00 = \$ \_\_\_\_\_

Stalls/Tack rooms 2 Nights # Stalls: x \$90.00 = \$ \_\_\_\_\_

Stalls/Tack rooms 3 Nights # Stalls: x \$130.00 = \$ \_\_\_\_\_

Stalls/Tack rooms 4 Nights # Stalls: x \$170.00 = \$ \_\_\_\_\_

**Stalls paid after October 20th One Time Late Fee Per Stall # Stalls: x \$25.00 = \$ \_\_\_\_\_**

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: \$ \_\_\_\_\_

Make check payable to **APHC** Mail to: Paul Cook P.O. Box 2812 **Camp Verde AZ 86322**

Email: Arizonaphc@gmail.com Questions call: Paul Cook 928-301-0548 Show Info: www.azpaints.org

**Pay by Credit Card:**

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

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