

STALL RESERVATION FORM

Name:
Address:
City, State, Zip:
Phone #:
E-mail:

ENTRY & STALL FORMS MUST BE MAILED/FAXED TOGETHER

Complete payment must accompany order form. Stall reservations received without payment will not be accepted.

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

PLEASE PRINT CLEARLY

Special Needs

Note: Only EXHIBITORS who have a permanent physical disability (per ADA) will be given special consideration. Please do not request for exhibitors who do not need this consideration to be stalled with you.

I am requesting special physical needs consideration.

Please check first priority:

- Close to arena
- Close to the restrooms
- Close to an entrance

If the location checked above is not available in your first choice building, which is more important?

- Location
- Building

Other considerations / comments?

Show Manager Email-winectry@aol.com (include cover sheet with number of pages)

<input type="checkbox"/> WESTERN
Pre-Entry Deadline June 19**
STALL FEE: \$75 each
*Early Arrival: \$15 per stall
_____ # of stalls @\$75 ea _____
_____ # of stalls @ \$15 ea _____
\$ _____ Total Due
_____ Arrival Date

<input type="checkbox"/> CENTRAL
Pre-Entry Deadline June 5**
STALL FEE: \$75 each
*Early Arrival: \$15 per stall
_____ # of stalls @\$75 ea _____
_____ # of stalls @ \$15 ea _____
\$ _____ Total Due
_____ Arrival Date

<input type="checkbox"/> EASTERN
Pre-Entry Deadline June 12**
STALL FEE: \$75 each
*Early Arrival: \$15 per stall
_____ # of stalls @\$75 ea _____
_____ # of stalls @ \$15 ea _____
\$ _____ Total Due
_____ Arrival Date

Note:

*Early arrival must be prepaid when 'cfXYf]b['gtU`g

**Postmark (postal meters not accepted)

***If you wish to be stalled with someone, reservations & entries must be received in the same envelope or be faxed together.

***stall me with:	#
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

CREDIT CARD PAYMENTS:
Card Number: _____
Exp. Date: _____
Cardholder Name:
Address:
City, State, Zip:
Phone #:
Signature: _____

If paying by credit card, full # must be provided.

Please make checks payable to:
American Miniature Horse Association

Mail all forms to: **Laura Mullen**
705 Westland Drive
Greensboro NC 27410