

# REGION 9 AND MQHA SHOWS JUNE 6-8, 2014

## STALL RESERVATION FORM

PLEASE MAIL THIS FORM WITH YOUR CLASS ENTRY FORM & PAYMENT INFORMATION  
E-MAIL ANY STALL QUESTIONS TO: [LISSA1954@BELLSOUTH.NET](mailto:LISSA1954@BELLSOUTH.NET)

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Agent's/Trainer's Name: \_\_\_\_\_  
(Who you are stalling with)

Please provide your anticipated arrival and departure time. This is a help to the stall office!

Arrival: Date \_\_\_\_\_ Time \_\_\_\_\_  
Departure: Date \_\_\_\_\_ Time \_\_\_\_\_

Number of HORSE STALLS Needed \_\_\_\_\_ NUMBER OF TACK STALLS \_\_\_\_\_

# OF BAGS OF SHAVINGS REQUESTED \_\_\_\_\_

PERSONS STALLING WITH YOU:

\_\_\_\_\_  
\_\_\_\_\_

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### Office Use ONLY

# of stalls paid for \_\_\_\_\_ @\$ 75.00 Total PD \_\_\_\_\_

Received: \_\_\_\_\_

Stalls assigned \_\_\_\_\_ Barn \_\_\_\_\_

NAME \_\_\_\_\_ AGENT/TRAINER \_\_\_\_\_

