



Horse Days Stall Reservation Form

Name _____

Address _____

City, St, Zip _____

Cell Phone _____ Home Phone _____

Email _____

ALL HORSES MUST HAVE A COPY OF CURRENT YEAR NEGATIVE COGGINS TEST TO BE LEFT WITH HORSE DAYS SHOW OFFICE. HEALTH CERTIFICATES ARE REQUIRED FOR ALL OUT OF STATE HORSES.

NO EXCEPTIONS

Number of stalls requested for 1 night (incl. 1 shaving) _____ @ \$25.00 per stall = \$ _____

Number of stalls requested for 2 nights (incl. 2 shavings) _____ @ \$45.00 per stall = \$ _____

Number of stalls requested for 3 nights (incl. 2 shavings) _____ @ \$55.00 per stall = \$ _____

Additional number of bags of shavings requested @ \$5 per bag = \$ _____

Total Enclosed \$ _____

Please check the date (s) you will need your stall (s): 08/18 _____ 08/19 _____ 08/20 _____

Please check all that apply. I will be participating in: UHCA Race _____ PRCA Rodeo _____

Horse Pull _____ Late Night Barrel Race _____ WOHSa _____ H/J Show _____ Gamblers Choice _____

Mini Event _____ Mounted Games _____ Clinic _____ Demonstration _____ Drill Team _____

Please enclose payment in full for the stalls and shavings requested. Additional bedding will be available. Stalls will not be reserved without payment. Stalls cancelled before August 1, 2011 will receive a refund. If a valid email address is provided, an email confirmation will be sent. Stalls for this show are limited, so please reserve early! If you have questions, call Christine Lamb at 815-988-0985.

FOR RECYCLING REASONS, NO OUTSIDE SHAVINGS OR BEDDING IS PERMITTED

Mail this form with check made payable to:

Horse Days 2011, 22075 Free Church Road, South Beloit, IL 61080

(For office use only)

Date Received _____ Barn Location _____ Stall # (s) _____