

**AQHA REGION 8 CHAMPIONSHIP HORSE SHOW & EXPERIENCE
STALL RESERVATION FORM
JUNE 23-24-25-26, 2012
KANSAS COLISEUM
WICHITA KS**

Company/Ranch Name _____

Trainer/Agent Name _____

Address _____

City, State, Zip _____

AC/Phone # _____ AC/Cell Phone # _____

AC/Office Phone # _____ AC/Fax # _____

Email address _____

_____ # of stalls: X \$100.00 Arriving: _____ Departing: _____

_____ # of tack stalls: X \$100.00 Arriving: _____ Departing: _____

Please provide the names of clients or others that will be using the stalls assigned to your name. Do not duplicate stall reservations.

Horse's Name/Owner's Name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Payment Information: Complete payment must accompany form and will not be accepted without payment. NO REFUNDS.

Check Enclosed or VISA or MasterCard. No phone calls

Card Number: _____ Security Code _____ Expire: _____

Address _____

City, State, Zip _____

AC/Phone # _____ AC/Cell Phone # _____

Cardholder's Signature: _____