## 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.

## Pre-Entry Deadline June 20th\*\* STALL FEE: \$75 each \*Early Arrival: \$15 per stall \_\_\_\_\_# of stalls @\$75 ea \_\_\_\_\_ # of stalls @ \$15 ea \_\_\_\_\_ Total Due \*\*\*stall me with: #

**WESTERN** 

	CENTRAL
	Pre-Entry Deadline June 6th** STALL FEE: \$75 each
	*Early Arrival: \$15 per stall
	# of stalls @\$75 ea
	# of stalls @ \$15 ea
\$	Total Due
•	Arrival Date

_ EASTERN
_
Pre-Entry Deadline May 30th**
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[ 'gHJ'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.

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Please make **checks** payable to: American Miniature Horse Association

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

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

## PLEASE PRINT CLEARLY

Special Needs

	Opcolar Necas
Nata.	Only EVIJIBITORS who have
note:	Only <b>EXHIBITORS</b> who have

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.

Ple	ase check first priority:
	Close to arena

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

Location
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|--|

Other considerations / comments?

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

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