



HORSE STALL ORDER FORM

Full Name: _____ Daytime Phone Number: _____

Event: _____ Event Dates: _____

CHECK OUT

Horse Stall with (2) Shavings Package - \$30.00 initial fee

IS PROMPTLY

Additional Night Price - \$15.00 per night

AT 10:00 AM

Extra bags of shavings - \$8.00 per bag

NUMBER OF STALLS

| | | | | |
|---------------------------|-----------------------|-----------------------|-----------------------|-------|
| _____ | 1 ST Night | 2 nd Night | 3 rd Night | TOTAL |
| | | | | |
| <i>NUMBER OF RV SPOTS</i> | ADD. SHAVINGS | Quantity | \$8.00 per bag | TOTAL |
| | | | | |
| _____ | 1 ST Night | 2 nd Night | 3 rd Night | TOTAL |
| | | | | |

Total Amount: \$ _____

Date: _____

Signature of Fairgrounds Employee: _____

CHARGE AUTHORIZATION

Type of Payment: _____ (Please check one) Visa MasterCard American Express Discover

PAYMENTS ARE NON-REFUNDABLE

Card Number: _____ Expiration Date: _____ Security Code: _____

Cash Receipt Number: _____ Note: a (\$30.00) fee will be assessed on all returned checks

City: _____ State: _____ Zip: _____

Email Address: _____

