

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
NUMBER OF RV SPOTS	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: _____

