

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.

PLEASE PRINT CLEARLY

Special Needs

Note: Only **EXHIBITORS** who have a
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.

<input type="checkbox"/> WESTERN
Pre-Entry Deadline June 16th**
STALL FEE: \$75 each
*Early Arrival: \$25 per stall
_____ # of stalls @\$75 ea
_____ # of stalls @ \$25 ea
\$ _____ Total Due
Arrival Date _____

<input type="checkbox"/> CENTRAL
Pre-Entry Deadline June 9th**
STALL FEE: \$75 each
*Early Arrival: \$25 per stall
_____ # of stalls @\$75 ea
_____ # of stalls @ \$25 ea
\$ _____ Total Due
Arrival Date _____

<input type="checkbox"/> EASTERN
Pre-Entry Deadline June 16th**
STALL FEE: \$75 each
*Early Arrival: \$25 per stall
_____ # of stalls @\$75 ea
_____ # of stalls @ \$25 ea
\$ _____ Total Due
Arrival Date _____

☐ I am requesting special
physical needs consideration.

Please check first priority:

☐ Close to arena

☐ Close to the restrooms

☐ Close to an entrance

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

☐ Location

☐ Building

Other considerations / comments?

***stall me with:	#
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Note:

*Early arrival must be prepaid to the AMHA office when
ordering stalls

**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.

PAYMENT INFO: (circle one)
ACH VISA MC DISCVR AMEX
Card Number: _____
Exp. Date: _____ CVV _____
Cardholder Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____
Signature: _____

Please make checks payable to:
American Miniature Horse Association

Mail Central & Eastern forms to: **Laura Mullen**

705 Westland Drive
Greensboro NC 27410

Email: winectry@aol.com
(include cover sheet with number of pages)

Mail Western forms to: **Rinda Pullen**

6512 123rd Ave NE

Lake Stevens, WA 98258

Email: horseshowmanager@hotmail.com
(include cover sheet with number of pages)