

2020 AMHA WORLD CHAMPIONSHIP SHOW

Aug 28 - Sept 5, 2020

| |
|-------------------------------------|
| Name (person only - no farm names): |
| Address: |
| City, State, Zip: |
| Phone #: |
| Email: |

**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.

STALL FEES: \$205 each or \$115 each

(includes one bag of shavings)

For location & complete stalling information, please see the World Championship Show Premium Book

| |
|---|
| <input type="checkbox"/> PRIORITY 1 |
| STALL FEE: \$205 each |
| **Monday/Early Fee: \$25 per stall/day |
| **Sunday/Layover Fee :\$25 per stall/day |
| _____ Stalls @ \$205 ea. = \$ _____ |
| _____ Stalls @ \$25/stall = \$ _____ |
| _____ Layover @ \$25/stall = \$ _____ |
| Total Due \$ _____ |
| Arrival & Departure Dates |

or

STALL DEADLINE: July 29, 2020*

*Postmark (postal meters not accepted)

| |
|---|
| check one: |
| <input type="checkbox"/> PRIORITY 2 <input type="checkbox"/> PRIORITY 3 |
| STALL FEE: \$115 each |
| **Monday/Early Arrival Fee: \$25 per stall/day |
| **Sunday Late/Layover Fee: \$25 per stall/day |
| _____ Stalls @ \$115 ea. = \$ _____ |
| _____ Stalls @ \$25/stall = \$ _____ |
| _____ Layover @ \$25/stall = \$ _____ |
| Total Due \$ _____ |
| Arrival Date Departure Date |

Notes:

****Early arrival must be prepaid to the AMHA office when
ordering stalls. Refer to Premium for details.**

*****If you wish to be stalled with someone, reservations & entries
must be received in the same envelope or be faxed together.**

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

Please make **checks** payable to:

American Miniature Horse Association

Mail all forms to: 5601 S Interstate 35W

Alvarado, TX 76009

*Postmark (postal meters not accepted)

| |
|---|
| CREDIT CARD PAYMENTS: (choose one) |
| VISA MC DISCVR AMExp |
| Card Number: _____ |
| Exp. Date: _____ |
| Cardholder Name: |
| Address: |
| City, State, Zip: |
| Phone #: |
| Signature: _____ |

STALL RESERVATION FORM

PLEASE PRINT CLEARLY

EXHIBITORS with Special Needs

REQUIREMENTS

Please provide the following with AMHA entry
& stall form by close of entry date:

**The following forms must be in the name of
only the Special Needs EXHIBITOR:**

1. A copy of the Special Needs exhibitor's
Department of Licensing Handicap Parking
Identification Card
2. A copy of a signed letter from the Special
Needs Exhibitor's doctor attesting to the
individual's Special Needs status.

The Will Rogers facility is handicap accessible.
However, exhibitors with documented special
needs status may request special stabling
consideration based on their particular disability.
These will be considered on a case to case basis.
There will be no separate Special Needs draw.

Please check first priority:

☐ Close to arena

☐ Close to the restrooms

☐ Close to an entrance

Other considerations / comments?

| |
|--|
| |
|--|

AMHA Fax Number: (817) 783-6403

(include cover sheet with number of pages)