

2021 The Lone Star Gathering Stall Reservation Form

Stall Reservation Deadline - August 25th, 2021. After August 25th, 2021 - late fees apply.

If you wish to be stalled with someone the reservation MUST be received under one reservation. Forms can be mailed, emailed or faxed to the information on the bottom of this page. Payment form is also available.

Name of Stalling Agent/Trainer:				APHA ID:		
Cell #:		Ema	il:			
Address:						
City:			State:		_ Zip:	
Stall Assign	ment Process					
 Stall a receiv All stathe AF guaran Spons include paymed placer details See stather acceptable acceptable acceptable. Stall Fees 	ssignments will be prioritized in the ded. Specific aisle ways/stalls are null reservations and payments must. PHA office by August 25th, 2021 in the ded location regardless of sponsorship forms and payment must be ded in the sponsorship packages. Nent is received, so the sooner it is renent. The individual cost of the state all information in the premium boweight to be stalled with someone akdown payments. Payment must	ever § t be s orde orshij e rece ote: P ecciv ills is: lls, et ok for e, res accor	guaranteed. ubmitted on this form r to avoid late fees. St p level. eived by August 25 th i Priority within each s ed by the APHA, the l in addition to the spo c. must be submitted r complete guidelines ervations must be r mpany Stall Reservations, Moncrief Buildin ding, Moncrief Buildin	m via email, fax or matall additions after the fin order to receive suppossorship level is better opportunity from sorship amount. It is addition to the substantial to the substantial form. Forms received together. It is in addition to the substantial form. Forms received together. It is a substantial form. Forms received by length of the substantial form.	tailed postmarked or received in the deadline will not be tall and RV priority benefits based on date sponsorship for receiving preferred individual stall reservation forms ponsorship form by August 25th. There is a payment form for you be the ceived without payment will not form.	
show stall.						
Requested s	tall location: Please number the bank Please note the stall assignment r	arn ch roces	oices in order of prefer	ence by numbering yo	our choices 1, 2, 3, 4 next to the	
Richardson-Bass Building Moncrief Building Multi-Purpose A Multi-Purpose B						
Do you have curtains suitable for an end aisle location? Yes No						
Stall Rate	# of Stalls		Cost per stall	Total Due	Length of Stay	
Day Stalls	# stalls x # nights	x	\$65/night		- Arrival Date:	
Show Stalls		х	\$275			
Late Fee		Х	\$25		Departure Date:	
Late fee applies p	per stall, sent/postmarked after August	25 th (excluding day stalls).			

Mail, Email or fax this form to:

APHA, Horse Show Entries, 122 East Exchange Ave, Suite 420, Ft Worth, TX 76164 – <u>aphaevents@apha.com</u> or Fax 817-222-6407. <u>It is STRONGLY encouraged for priority mail to be used for those forms mailed</u>.

To exhibit, ALL horses must have:

- 1 Original or photocopy of registration papers
- 2 Health certificate issued no earlier than September 3, 2021
- 3 Negative Coggins dated no earlier than October 3, 2020

Pre Order Shavings - 50 Bag MINIMUM (not available for day stalls)

You MUST order a **MINIMUM of 50 Bags.**

Type of Bedding	# of Bags		Cost per bag	Total Amount Due
Blended		X	\$12.00 each	
Large Compressed		X	\$12.00 each	
Small Loose		X	\$8.00 each	

Stall mat rental available call direct: 855-MATS-200 or order online at stallmatrentals.com

Horse/Stall Breakdown

Horse's name: (All horses that will be occupying a stall must be listed.) Please list tack stalls as "TACK".

	Please list non-APHA registered norses names a	
	Horse Name/Registration #	Who is Paying?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.	-	
21.		
22.		
23.		
24.		
7.0		

If you need additional space, please provide the same information on the back page. Please fill out the payment form on the next page.

Special Requests/Notes:		
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Stall Payment Form

Name of Person Paying for Stalls	# of Stalls	# of Shavings	Payment Method If Check list Check #
EXAMPLE: John Smith	5	25	Check # 154
Credit Card #:Phone for card holder:	Exp Date:	Sec Code: _	Zip Code:
Credit Card #:Phone for card holder:	Exp Date:	Sec Code: _	Zip Code:
Credit Card #:Phone for card holder:		Sec Code: _	Zip Code:
Credit Card #:Phone for card holder:	Exp Date:	Sec Code: _	Zip Code:
Credit Card #:Phone for card holder:	Exp Date:	Sec Code: _	Zip Code:
Credit Card #: Phone for card holder:	Exp Date:	Sec Code: _	Zip Code:
Credit Card #:Phone for card holder:	Exp Date:	Sec Code: _	Zip Code:
Credit Card #: Phone for card holder:	Exp Date:	Sec Code: _	Zip Code:
Credit Card #: Phone for card holder:	Exp Date:	Sec Code: _	Zip Code:
Credit Card #: Phone for card holder:	Exp Date:	Sec Code: _	Zip Code:
Credit Card #: Phone for card holder:		Sec Code: _	Zip Code:
Credit Card #:Phone for card holder:	Exp Date:	Sec Code: _	Zip Code:
Credit Card #:Phone for card holder:		Sec Code: _	Zip Code: