

C.S.H.A. SHOW OF CHAMPIONS  
STABLING ASSIGNMENT REQUEST

**STALLS ARE ASSIGNED BY REGION**

Use this form to request stall proximity to a fellow competitor

This is **NOT** the Stall Reservation form.

Name \_\_\_\_\_ Region \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_  Home  Cell

Program: English/Western \_\_\_ Gymkhana \_\_\_ Horsemastership \_\_\_ Royalty \_\_\_

**Names shown above and below are to be a competitor's name.**

\*\*\*\*\*

**Please stable me next to:**

First name \_\_\_\_\_ Last Name \_\_\_\_\_

First name \_\_\_\_\_ Last Name \_\_\_\_\_

**Please stable me near:**

First name \_\_\_\_\_ Last Name \_\_\_\_\_

First name \_\_\_\_\_ Last Name \_\_\_\_\_

**Special needs/circumstances:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAIL TO:  
SHOW OF CHAMPIONS  
P.O. BOX 30864, STOCKTON, CA 95213**

**MUST BE POSTMARKED NO LATER THAN SEPTEMBER 15TH**