

STATE CHAMPIONSHIP SHOW
STABLING ASSIGNMENT REQUEST

REGION COMPETITORS STALLS ARE GROUPED TOGETHER

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

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:

SCS

P.O. BOX 30864, STOCKTON, CA 95213

MUST BE POSTMARKED NO LATER THAN SEPTEMBER 15TH