

STATE CHAMPIONSHIP SHOW
STALL RESERVATION

Name _____ Region _____
Mailing Address _____
City _____ Zip _____
Email _____
Phone (____)____-____ Home Cell
Phone (____)____-____ Home Cell

The name above is to be the name of a competitor. **One competitor per form .**

Stalls :

Number of stalls for horses _____ How many are for stallions? _____
Number of stalls to be used as tack rooms + _____
Total number of stalls = _____
X \$ 10
AMOUNT DUE = \$ _____

- **Stalls count shown is to be for this competitor ONLY.**
- **DEPOSITS WILL NOT BE TRANSFERRED TO ANOTHER COMPETITOR**
- **Send this form and the entry form separately**
- **DO NOT send more money than the Amount Due shown above**
- **MUST BE POSTMARKED NO LATER THAN AUGUST 5th**

DO NOT SEND CASH- SEND CHECK OR MONEY ORDER

Make check payable to: **CSHA**

MAIL TO: P.O. BOX 30864, STOCKTON, CA 95213

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To be completed by SCS

Amount Received \$ _____ Check/Money order# _____

Paid by _____