

C.S.H.A. SHOW OF CHAMPIONS
STALL RESERVATION

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

I will be competing in the following program(s)

Program: English/Western ___ Gymkhana ___ Horsemastership ___ Royalty ___

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

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

- Use the Stabling Assignment Request form to request stall proximity to a fellow 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**
- **DEPOSITS WILL NOT BE TRANSFERRED TO ANOTHER COMPETITOR**

DO NOT SEND CASH- SEND CHECK OR MONEY ORDER

Make check payable to: **SHOW OF CHAMPIONS**

MAIL TO: P.O. BOX 30864, STOCKTON, CA95213

To be completed by SOC

Amount Received \$ _____ Check/Money order# _____

Paid by _____