

**ARIZONA PAINT HORSE CLUB
STALL/TACK ROOM RESERVATIONS FORM
COPPER COUNTRY PORs DECEMBER 29, 2017 To JANUARY 3, 2018**

- Stalls/tack rooms **MUST BE PREPAID** when reserved. Make checks payable to APHC/STALLS.
- **Envelope must be postmarked by December 15, 2017**
- Incomplete or late forms may not be processed. Stalls may not be reserved without payment.
- Do not include this form and payment with your entry form. Please mail to the address at the bottom.
- Stall refunds: 50% for cancellation made within 24 hours, 100% with certified veterinary letter of reason for cancellation.

Name of Person Making Reservation: _____ If Possible Stall With: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Arrival Date/Time: _____ **Email:** _____

Please list all owners and horses included in this reservation. (Use back of form if necessary)

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Notes or remarks: _____

**TAKE THE NUMBER OF HORSE STALLS AND TACK STALLS YOU WILL NEED AND DETERMINE HOW MANY NIGHTS YOU WILL STAY AT THE SHOW.
EXAMPLE: I HAVE 3 HORSES AND NEED 1 TACK STALL, SO I WILL NEED 4 STALLS AND I WILL STAY 3 NIGHTS.
MOVE DOWN THE LIST TO 3 NIGHTS AND MULTIPLY BY 4 STALLS TO DETERMINE THE FEE.**

Make Your Reservation:

Stall 1 Night	Number of Stalls:	X \$48.00 =	\$ _____
Stall 2 Nights	Number of Stalls:	X \$86.00 =	\$ _____
Stall 3 Nights	Number of Stalls:	X \$124.00 =	\$ _____
Stall 4 Nights	Number of Stalls:	X \$162.00 =	\$ _____
Stall 5 Nights	Number of Stalls:	X \$200.00 =	\$ _____
Stall 6 Nights	Number of Stalls:	X \$238.00 =	\$ _____
Stall 7 Nights	Number of Stalls:	X \$276.00 =	\$ _____
Stall 8 Nights	Number of Stalls:	X \$314.00 =	\$ _____
Stall 9 Nights	Number of Stalls:	X \$352.00 =	\$ _____
Stall 10 Nights	Number of Stalls:	X \$390.00 =	\$ _____

STALLS PAID AFTER DECEMBER 15TH ADD ONE TIME LATE FEE **\$25.00**

Total Amount Due: **\$ _____**

FIRST NIGHT INCLUDES CLEAN OUT FEES. NO PRE-BEDDING INCLUDED. YOU MUST ARRANGE FOR PRE-BEDDING. CALL 480-312-6814

Make check to APHC; Mail: 24617 N. 49th Ave. Glendale, AZ 85310; Call: Mark 623-910-7305; Fax: 623-587-9579; Email: makuhlwein@gmail.com

Pay By Credit Card: 4% FEE WILL BE ADDED FOR CREDIT CARD FEES

First Name: _____ **Last Name:** _____ **Signature:** _____

Card #: _____ **Security Code:** _____ **Zip Code:** _____ **Expiration Date:** _____