



**APHC COPPER COUNTRY PAINT-O-RAMA
STALL/TACK RESERVATIONS FORM
DECEMBER 29-31, 2018 & JANUARY 1ST 3RD 2019**

- Stalls/tack rooms **MUST BE PREPAID** when reserved. Make checks payable to APHC
- **Envelope must be postmarked by December 15th, 2018**
- Incomplete or late forms may not be processed. Stalls may not be reserved without payment.
- Stalls/Tack Rooms will be available at 8:00 am on Friday, December 28th, 2018. **If you require an earlier arrival, please let us know.**
- Do not include this form and payment with your entry form. Please mail to the address at the bottom.
- Stall refunds 50% for no shows and cancellation made within 24 hours prior to beginning of show.
- We will refund stalls with certified veterinary letter of reason for cancellation.

PLEASE PRINT CLEARLY

Name of Person Making Reservation: _____

Street Address: _____

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

Arrival Date/Time: _____ Email: _____

If Possible Stall With: _____

A negative Coggins, dated within the previous twelve months, must accompany all horses brought onto County property.

Health Certificate, dated within the previous thirty days, must be presented for any horse originating OUTSIDE Arizona.

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

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Owner: _____ Horse's Name: _____

Stalls paid by December 15th 2018 OUTSIDE SHAINGS ARE NOT ALLOWED

Stalls/Tack rooms 1Night # Stalls : x \$50.00 = \$ _____

Stalls/Tack rooms 2 Nights # Stalls: x \$90.00 = \$ _____

Stalls/Tack rooms 3 Nights # Stalls: x \$130.00 = \$ _____

Stalls/Tack rooms 4 Nights # Stalls: x \$170.00 = \$ _____

Stall/Tack room 5 nights # Stalls: x 235.00 = \$ _____

Stall/Tack room 6 Nights # Stalls X 249.00 = \$ _____

Stall/Tack room 7 nights # Stalls X 276.00 = \$ _____

Stall/Tack room 8 Nights # Stalls X 314.00 = \$ _____

Stall.Tack room 9 Nights # Stalls X 352.00 = \$ _____

If paying with credit card add 4% service fee: Stall Amount x .04% = \$ _____

Total due for stalls using credit card: **TOTAL** \$ _____

Make check payable to **APHC** Mail to: Paul Cook P.O. Box 2812 Camp Verde AZ 86322

Email: Arizonaphc@gmail.com Questions call: Paul Cook 928-301-0548 Show Info: www.azpaints.org

Pay by Credit Card:

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

Card #: _____ **Security Code:** _____ **Zip Code:** _____ **Exp. Date:** _____

