

**HORSE STALL APPLICATION
ENTRIES TAKEN UNTIL ALL STALLS ARE FULL
TACK STALLS IF AVAILABLE**

DATE RECEIVED _____

EXHIBITOR # _____

RECEIPT # _____

NO ENTIRES TAKEN WITHOUT STALL FORM EXCEPT ADULT SPEED SHOW

Last Name _____, **First Name** _____, **Middle Initial** _____

Address _____, **City/State** _____, **Zip** _____

SS# ____/____/____ (Required), **Date of Birth** _____, **Age** _____, **Sex** _____, **Phone #** _____

4-H Club Name (if appropriate): _____

INDICATE # OF HORSES BELOW

TUESDAY AND WEDNESDAY _____ x \$7.00 x 2 DAYS = \$ _____

THURSDAY _____ x \$7.00 x 1 DAY = \$ _____

FRIDAY AND SATURDAY _____ x \$7.00 x 2 DAYS = \$ _____

INDICATE # OF DAYS BELOW

TACK STALLS (1 PER ENTRY) _____ x \$7.00 PER DAY = \$ _____

TOTAL = \$ _____