



### OPFHA Stall Reservation / R.V. Space Request

Sorry, No Phone Requests Accepted

All stall reservations must be paid in advance with a credit card or a check. Credit cards and checks will be deposited upon receipt. Request will be placed in the order (date and time) that full payment is received. Refunds will only be made if the stall is reassigned OR accompanied by a veterinarian excuse. A \$25 administrative fee will be charged. Reimbursement will be issued within 15 days of the last day of the show. We will do our best to accommodate stalling preferences, but we cannot guarantee. The use of a credit card will incur a 3% transaction fee.

FARM NAME: \_\_\_\_\_

GROUP YOU WISH YOUR HORSE TO BE STABLED WITH: \_\_\_\_\_

|    | Participating Horse Name | Owner | # Shavings | Stall # |
|----|--------------------------|-------|------------|---------|
| 1  |                          |       |            |         |
| 2  |                          |       |            |         |
| 3  |                          |       |            |         |
| 4  |                          |       |            |         |
| 5  |                          |       |            |         |
| 6  |                          |       |            |         |
| 7  |                          |       |            |         |
| 8  |                          |       |            |         |
| 9  |                          |       |            |         |
| 10 |                          |       |            |         |
| 11 |                          |       |            |         |
| 12 |                          |       |            |         |
|    |                          | TOTAL |            |         |

**R.V. Space Information**  
 I would like to reserve an RV space. In understand that the cost is \$125.00 for the Show Dates.  
 Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
 Please note there are a limited number of RV spaces and we cannot guarantee there will be space available. Make your reservations early.

**Payment Information/Credit Card Authorization (PLEASE PRINT)**  
 Check Payable to **Ocala PFHA**  
 Credit Card     Visa             Master Card             American Express  
 Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

By completing the above information, you authorize SRPFHA to charge the credit card account for the above.  
**THERE IS A 3% PROCESSING FEE THAT IS ADDED TO THE TOTAL**

**PLEASE FAX/EMAIL THIS COMPLETED FORM TO THE OPFHA SHOW SECRETARY:**

**Pam McDermott: [pamelaVmcdermott@gmail.com](mailto:pamelaVmcdermott@gmail.com) FAX 770-787-5765**