



OPFHA Stall Reservation/ R.V. Request form

***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 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 | | |

| |
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| R.V. SPACE INFORMATION |
| () I would like to reserve and RV space. I 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. |

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| <p>Payment Information/Credit Card Authorization (PLEASE PRINT)</p> <p>() Check payable to Ocala PFHA () Credit Card () Visa () Master Card () American Express</p> <p>Name on Card: _____ Expiration date: _____</p> <p>Card Number: _____ Security code: _____</p> <p>Billing address: _____ Zip Code: _____</p> <p>Cardholder Signature: _____ Date: _____</p> <p>Email address: _____ Phone: _____</p> <p>By completing the above information, you authorize OPFHA to charge the credit card account above THERE IS A 3% PROCESSING FEE THAT IS ADDED TO THE TOTAL</p> |
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PLEASE FAX/EMAIL THIS COMPLETE FORM TO THE OPFHA SHOW SECRETARY
Paula Fretwell paulajfretwell@gmail.com FAX 770-787-5765