

**STALL RESERVATION FORM**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**ENTRY & STALL FORMS MUST BE  
 MAILED/FAXED TOGETHER**

**Complete payment must accompany order form.  
 Stall reservations received without payment  
 will not be accepted.**

**INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

**PLEASE PRINT CLEARLY**

**Special Needs**

**Note: Only EXHIBITORS who have a  
 permanent physical disability (per ADA)**

will be given special consideration. Please  
 do not request for exhibitors who do not  
 need this consideration to be stalled with you.

**WESTERN**

Pre-Entry Deadline July 20th  
**STALL FEE: \$75 each**  
**\*Early Arrival: \$25 per stall**

\_\_\_\_\_ # of stalls @\$75 ea  
 \_\_\_\_\_ # of stalls @ \$25 ea  
**\$ \_\_\_\_\_ Total Due**

\_\_\_\_\_ Arrival Date

**CENTRAL**

Pre-Entry Deadline June 8th  
**STALL FEE: \$75 each**  
**\*Early Arrival: \$25 per stall**

\_\_\_\_\_ # of stalls @\$75 ea  
 \_\_\_\_\_ # of stalls @ \$25 ea  
**\$ \_\_\_\_\_ Total Due**

\_\_\_\_\_ Arrival Date

**EASTERN**

Pre-Entry Deadline June 15th\*\*  
**STALL FEE: \$75 each**  
**\*Early Arrival: \$25 per stall**

\_\_\_\_\_ # of stalls @\$75 ea  
 \_\_\_\_\_ # of stalls @ \$25 ea  
**\$ \_\_\_\_\_ Total Due**

\_\_\_\_\_ Arrival Date

I am requesting special  
 physical needs consideration.

Please check first priority:

- Close to arena
- Close to the restrooms
- Close to an entrance

If the location checked above is not  
 available in your first choice building,  
 which is more important?

- Location
- Building

Other considerations / comments?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:**

- \*Early arrival must be prepaid to the AMHA office when  
 ordering stalls**
- \*\*Postmark (postal meters not accepted)**
- \*\*\*If you wish to be stalled with someone, reservations & entries  
 must be received in the same envelope or be faxed together.**

\*\*\*stall me with: #

1. \_\_\_\_\_ # \_\_\_\_\_  
 2. \_\_\_\_\_ # \_\_\_\_\_  
 3. \_\_\_\_\_ # \_\_\_\_\_  
 4. \_\_\_\_\_ # \_\_\_\_\_  
 5. \_\_\_\_\_ # \_\_\_\_\_  
 6. \_\_\_\_\_ # \_\_\_\_\_  
 7. \_\_\_\_\_ # \_\_\_\_\_  
 8. \_\_\_\_\_ # \_\_\_\_\_

**PAYMENT INFO: (circle one)**  
 ACH VISA MC DISCVR AMEX

Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_  
**Cardholder Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Please make checks payable to:  
 American Miniature Horse Association**

**Mail ALL forms to: Laura Mullen  
 705 Westland Drive  
 Greensboro NC 27410**

Email: winectry@aol.co  
 (include cover sheet with number of pages)