

2022 AMHA WORLD CHAMPIONSHIP SHOW

Sept 25 - Oct 1, 2022

STALL RESERVATION FORM

PLEASE PRINT CLEARLY

| |
|-------------------------------------|
| Name (person only - no farm names): |
| Address: |
| City, State, Zip: |
| Phone #: |
| Email: |

ENTRY & STALL FORMS MUST BE MAILED TOGETHER

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

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

STALL FEES: \$175 each or \$135 each
 (includes one bag of shavings)

STALL DEADLINE: AUG 10TH

*Postmark (postal meters not accepted)

For location & complete stalling information, please see the World Championship Show Premium Book

| |
|---|
| <input type="checkbox"/> PRIORITY 1 STALL FEE: \$175 each **Monday/Early Fee: \$25 per stall/day **Sunday/Layover Fee :\$25 per stall/day _____ Stalls @ \$175 ea. = \$ _____ _____ Stalls @ \$25/stall = \$ _____ _____ Layover @ \$25/stall = \$ _____ Total Due \$ _____ Arrival Date: Dept Date: |
|---|

or

| |
|---|
| <i>check one:</i> <input type="checkbox"/> PRIORITY 2 <input type="checkbox"/> PRIORITY 3 STALL FEE: \$135 each **Monday/Early Arrival Fee: \$25 per stall/day **Sunday Late/Layover Fee: \$25 per stall/day _____ Stalls @ \$135 ea. = \$ _____ _____ Stalls @ \$25/stall = \$ _____ _____ Layover @ \$25/stall = \$ _____ Total Due \$ _____ Arrival Date Departure Date |
|---|

Notes:

****Early arrival must be prepaid to the AMHA office when ordering stalls. Refer to Premium for details.**

*****If you wish to be stalled with someone, reservations & entries must be received in the same envelope.**

| | |
|-------------------|-------|
| ***stall me with: | # |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |

Please make checks payable to:
 American Miniature Horse Association

Mail all forms to: **Laura Mullen, 705 Westland Dr
 Greensboro, NC 27410**

*Postmark (postal meters not accepted)

| |
|--|
| PAYMENT METHOD: (choose one) ACH VISA MC DISCVR AMExp Card Number: _____ Exp. Date: _____ CVV _____ Cardholder Name: |
| Address: |
| City, State, Zip: |
| Phone #: |
| Signature: |

EXHIBITORS with Special Needs

REQUIREMENTS

Please provide the following with AMHA entry & stall form by close of entry date:
The following forms must be in the name of only the Special Needs EXHIBITOR:

1. A copy of the Special Needs exhibitor's Department of Licensing Handicap Parking Identification Card
2. A copy of a signed letter from the Special Needs Exhibitor's doctor attesting to the individual's Special Needs status.

The Will Rogers facility is handicap accessible. However, exhibitors with documented special needs status may request special stabling consideration based on their particular disability. These will be considered on a case to case basis. There will be no separate Special Needs draw.

Please check first priority:

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

Other considerations / comments?

NO FAXED ENTRIES