

**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.

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?

**WESTERN**

**Pre-Entry Deadline July 5th\*\***  
**STALL FEE: \$80 each**  
**\*Early Arrival: \$25 per stall**

\_\_\_\_\_ # of stalls @\$80 ea  
 \_\_\_\_\_ # of stalls @ \$25 ea  
**\$ \_\_\_\_\_ Total Due**

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

**CENTRAL**

**Pre-Entry Deadline June 7th\*\***  
**STALL FEE: \$80 each**  
**\*Early Arrival: \$25 per stall**

\_\_\_\_\_ # of stalls @\$80 ea  
 \_\_\_\_\_ # of stalls @ \$25 ea  
**\$ \_\_\_\_\_ Total Due**

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

**EASTERN**

**Pre-Entry Deadline June 14th\*\***  
**STALL FEE: \$80 each**  
**\*Early Arrival: \$25 per stall**

\_\_\_\_\_ # of stalls @\$80 ea  
 \_\_\_\_\_ # of stalls @ \$25 ea  
**\$ \_\_\_\_\_ Total Due**

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

**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 Regional Entry forms to:**  
**705 Westland Drive  
 Greensboro NC 27410**

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