

World Championship Appaloosa Show for Equestrians with Disabilities

2021 Stall Reservation Form

Riding Group: _____ Contact Person: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone #: _____ Email: _____

STALL RESERVATIONS MUST BE RECEIVED IN THE ApHC OFFICE BY October 13, 2021

Arrival Date: _____ (must be on or after 10/27) **Departure Date:** _____ (must be prior to 11/7)

Stall Fees: \$60/stall unless horse is already entered in the World Championship Appaloosa Show. Horses entered in the ApHC World Show must be stalled per show requirements for that event.

Shavings: A minimum of 2 bags of shavings will be provided per horse stall at no charge and will be pre-bedded prior to move-in. Additional shavings may be purchased at the shavings office located in the Moncrief Building and will be delivered to your stalls. There is a pre-bed shavings order form on the ApHC Web site that can be used to pre-order shavings in quantities of 50 bags or more. These will be delivered to your stalls prior to arrival. All other shavings purchases should be done at the World Show shavings office located in the Moncrief Building.

Move-In: Upon arrival, please see Jessica Harrod at the Equestrian Multi-purpose building for stall assignments.

Check-In: To receive exhibitor numbers, please attend the coach's meeting. You must provide a copy of the Certificate of Registration for each horse (required only for ApHC registered horses) along with a copy of a current (within 30 days) health certificate dated on or after October 1, 2021 and a current (within 12 months) proof of negative Coggins signed by a licensed veterinarian dated on or after November 1, 2020. Horses without proper health papers will not be allowed on the grounds nor allowed to compete in any classes.

- All horses must be stalled.
- Please list the names of all horses to be stalled including the breed of horse & registration number (ApHC horses only).
- List unregistered horses as "unregistered". Please list tack stalls as "Tack".

Horse's Name:	Breed / Registration Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

Check Enclosed VISA MasterCard Discover Card (3% added to all credit card charges)

#stalls _____ X 60.00 = _____ amount due

Card Number: _____ Exp Date: _____ CVV: _____

Cardholder Name (please print): _____ Signature: _____

Billing Address (include City/State/Zip): _____