

# STALL RESERVATION FORM



**FORMS DUE WITH PAYMENT BY:  
AUG. 14, 2020**

- Be sure to check move in & out dates before booking your stalls.
- Stall & Tack Fees are \$25.00/night/stall
- Reservations after Aug. 14th a Late Fee of \$25 will be charged.
- Stall payment must be paid separate from entries.
- Make check payable to: CSF and Mail to: CSF/Horse Show Dept.

- To pay with Credit Card please fill out the credit card authorization form and fax or mail both forms to: (fax) 719-561-2035
- Mail - 1001 Beulah Ave Pueblo, CO 81004
- No stalls will be refunded without a Vet Out Note
- Stalls requests will be granted on first come first serve basis

**STALL RESERVATION INFORMATION** ( If you are bringing more horses than spaces provided print another form & continue on 2nd form)

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Trainer to be stalled with: \_\_\_\_\_

Address: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Shows Attending: \_\_\_\_\_

Comments/Requests: \_\_\_\_\_

Horse Name	Owner Name	# of Stalls/Tacks	Who is Paying		Office Use/ Payment
		___ S ___ T	Owner	Trainer	
		___ S ___ T	Owner	Trainer	
		___ S ___ T	Owner	Trainer	
		___ S ___ T	Owner	Trainer	
		___ S ___ T	Owner	Trainer	
		___ S ___ T	Owner	Trainer	

**Total # of Stalls & Tacks Needed:** \_\_\_\_\_ **x \$25 x** \_\_\_\_\_ **# of Nights staying = \$** \_\_\_\_\_ **Total Amt. Due**

CREDIT CARD AUTHORIZATION  
FORM



PAYMENT DUE BY AUG. 14, 2019  
*Include Stall Form with this form*

**IMPORTANT NOTE:**

**DO NOT EMAIL** this form with credit card number on it. You can include your CC # if you are faxing or mailing the forms. **FAX to: (719) 561-2035. Mail - 1001 Beulah Ave. Pueblo, CO 81004**

**Credit Card Authorization Form**

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (Required in order for CSF to process this form)

Total Amount to be charged: \_\_\_\_\_ *\*If reserving after Aug. 14th add \$25 for late fee.*

By signing this form, I authorize the Colorado State Fair to charge the said amount above to my credit card.

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date