

STALL RESERVATION FORM



**FORMS DUE WITH PAYMENT BY:
AUG. 13, 2018**

- Stall & Tack Fees are \$25.00/night/stall
- Reservations after Aug. 13th 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.
1001 Beulah Ave. Pueblo, CO 81004 (Include Form and Payment)

- To pay with Credit Card please fill out the credit card authorization form and fax or email both forms to: (fax) 719-561-2035 or email—horseentries@coloradostatefair.com
- No stalls will be refunded without a Vet Out Note
- Stalls requests will be granted on first come first serve basis
- No outside Shavings allowed, must purchase shavings from CSF.

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. 13, 2018
Include Stall Form with this form

IMPORTANT NOTE:

DO NOT EMAIL this form with credit card number on it. Leave the credit card number line blank & once we receive the forms via email the CSF Horse Show Office will contact you to process your payment. You can include your CC # if you are faxing the forms, **FAX to: (719) 561-2035**. **Email forms to: horseentries@coloradostatefair.com**

Credit Card Authorization Form

Name on Card: _____

Credit Card Number: _____ **(Only provide if faxing forms)**

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. 13th 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