

STABLING REQUEST

**Region 4 AHA
Regional Championships
Stabling Dates: June 18 - 27, 2021**



FOR PRIORITY STABLING CONSIDERATION, FORM MUST BE RETURNED NO LATER THAN MONDAY, MAY 17TH
VIA EMAIL TO LOURI AT Louri.Grover@spectraxy.com OR FAX ATTENTION OF LOURI TO 208-442-3312

ARRIVAL DATE _____ DEPARTURE DATE _____

BARN NAME _____ 2021 PATRON ? YES NO

TRAINER *and/or* _____

INDEPENDENT _____

COMPETITOR NAME _____

ADDRESS _____

CITY, ST, ZIP _____

PHONE _____ EMAIL ADDRESS _____

NUMBER OF TACK/FEED/DRESSING STALLS _____

NUMBER OF HORSE STALLS _____

PELLETS PER HORSE STALL _____ SHAVINGS PER HORSE STALL _____

PREFERRED BARN/STALL LOCATION: _____

STALL LOCATIONS ASSIGNED	
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*****TRAINER IS RESPONSIBLE FOR SUPPLYING ALL CLIENT DETAIL FOR EACH STALL 10 DAYS PRIOR TO ARRIVAL FOR BILLING PURPOSES. WE WILL NEED: NAME, ADDRESS, PHONE #, EMAIL, AND CREDIT CARD INFORMATION. IT SHOULD BE SUBMITTED VIA EMAIL TO LOURI AT Louri.Grover@spectraxy.com or fax attention Louri to 208-442-3312**

Stalls/RVs must be cancelled by 4PM MST, 5 days prior to arrival to avoid loss of RV deposit or to avoid late cancellation fee for stalls and restocking of bedding.

Credit Card information is required to hold your stall reservations. Cards will not be charged for stabling until after you arrive. fill in below. To pay by check, Make payable to FORD IDAHO HORSE PARK														
Credit Card Number – please print legibly. Declined cards are subject to penalty														
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER								Expiration Date xx/xxxx			Sec Code:			
Print Name (as it appears on card)											Phone			
Address											Amount:			
City, ST, Zip														
E-Mail											TOTAL CHARGE:			
Cardholder Signature											Office use:			

IDAHO HORSE PARK /TRAINER STALL ASSIGNMENTS & CC INFO

Stall Location _____
PLEASE ASSIGN SPECIFIC STALL(S) TO EACH CLIENT

The following clients will be financially responsible for the following stalls:

NAME ON CARD: _____
CARD #: _____ 3-DIGIT CODE _____ EXP DATE _____
ADDRESS: _____
CITY AND ZIP CODE: _____
PHONE: _____ EMAIL: _____
STALL(S) # ASSIGNED: _____

NAME ON CARD: _____
CARD #: _____ 3-DIGIT CODE _____ EXP DATE _____
ADDRESS: _____
CITY AND ZIP CODE: _____
PHONE: _____ EMAIL: _____
STALL(S) # ASSIGNED: _____

NAME ON CARD: _____
CARD #: _____ 3-DIGIT CODE _____ EXP DATE _____
ADDRESS: _____
CITY AND ZIP CODE: _____
PHONE: _____ EMAIL: _____
STALL(S) # ASSIGNED: _____

NAME ON CARD: _____
CARD #: _____ 3-DIGIT CODE _____ EXP DATE _____
ADDRESS: _____
CITY AND ZIP CODE: _____
PHONE: _____ EMAIL: _____
STALL(S) # ASSIGNED: _____

Please return this form prior to your arrival via email @ louri.grover@spectraxp.com or drop it off at the Horse Park office when you arrive.