



# Stall Reservation Form

Equine Extravaganza

November 4-6, 2011

To be completed by all persons who will be stabling horses at Equine Extravaganza This form must returned by mail no later than 09/01/11. Sooner is greatly appreciated! Please use one form per horse.

Organization Name:		
Booth number:	Horse's name:	
Coggins Number:	Expiration Date:	
<b>Copy of current negative coggins must be attached.</b>		
Owner's name:		
Address:		
City:	State:	Zip:
Phone number:	Cell Phone during show:	
Email address:		
Check: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion	Rider, if different:	
State where horse is stabled _____ (horses stabled outside of State of VA must provide health certificate)		
Emergency contact information to be used during the Expo:		
Regular Vet:	Phone:	
Emergency number where owner can be reached during show hours:		
Number where owner can be reached after show hours:		
Alternate number if owner can't be reached:		
Additional bedding is available for purchase or you may bring your own shavings (straw not permitted). Two bags of bedding are included for each stall reserved.		
I have read, and agree to abide by, the Breed/Stallion/Demo Rules and Guidelines. I am enclosing a copy of my current <b>negative coggins, Release of Liability, and all applicable stall fees. I understand that no stalls will be assigned without these items, full payment and this form completed in its entirety. Health certificates are required for all out of state horses.</b> You must present your current original negative coggins and health certificate and provide show management with a copy when you arrive at the expo grounds and will not be permitted to unload your horse(s) without these certificates. All persons who will ride or handle your horse (including cleaning stalls) are required to sign a release and must wear a wristband indicating that the release has been signed.		
_____		_____
(Signed)		(Date)
<b>Mail to: Equine Extravaganza</b> <b>640 Owl Ct., Arnold, MD 21012</b> Phone 410-349-9333 ~ Fax 410-510-1306		

(Office Use Only)

Release       Coggins      Health Cert Req'd **Yes No**       Health Cert Attached

Stall Number \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

All reservations shall be on a first come first serve basis on **completed** applications with **all monies paid**. Additional \$50 charge for NSF checks. You will be notified of your reservation and stall number(s). Please provide phone numbers and e-mail address.

Date Received and completed \_\_\_\_\_

**Equine Extravaganza**  
 640 Owl Court  
 Arnold, MD 21012  
 410-349-9333 Voice  
[www.equineextravaganza.com](http://www.equineextravaganza.com)