

Stall Reservation Form
The Virginia Equine Extravaganza
 86 Kennedy Drive
 Severna Park, Maryland 21146
 October 27-29, 2006

To be completed by all persons who will be stabling horses at The Virginia Equine Extravaganza
 This form must returned by mail no later than 09/015/06. Sooner is greatly appreciated!
 Please use one form per horse.

Organization Name:		
Booth number:	Horse's name:	
Coggins Number:	Expiration Date:	
Copy of current negative coggins must be attached.		
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 _____ (attach copy of health certificate if stabled outside of Virginia)		
Emergency contact information to be used during the Expo:		
Regular Vet:	Phone:	
Emergency number where owner can be reached during show hours:		
Number were owner can be reached after show hours:		
Alternate number if owner can't be reached:		
Initial Knafe bedding will be provided. Additional bedding is available to purchase. If you prefer shavings, please bring your own.		
I have read, and agree to abide by, the Breed/Stallion/Demo Rules and Guidelines. I am enclosing a copy of my current 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. You must present your current negative coggins and health certificate when you arrive at the expo grounds and will not be permitted to unload your hors(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)
Mail to: Virginia Equine Extravaganza 640 Owl Ct., Arnold, MD 21012 Phone 410-647-3800 ~ Fax 410-349-9333		

(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**. You will be notified of your reservation and stall number(s). Please provide phone numbers and e-mail address.

Date Received and completed _____