**STALL RESERVATION FORM**

- Be sure to check move in & out dates before booking your stalls.
- Stall & Tack Fees are $25.00/night/stall
- 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)

**FORMS DUE WITH PAYMENT BY:**
**AUG. 11, 2017**

- 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.csf@gmail.com
- No stalls will be refunded without a Vet Out Note
- Stalls requests will be granted on first come first serve basis

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**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: | | | |

<table>
<thead>
<tr>
<th>Horse Name</th>
<th>Owner Name</th>
<th># of Stalls/Tacks</th>
<th>Who is Paying</th>
<th>Office Use/Payment</th>
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</tbody>
</table>

Total # of Stalls & Tacks Needed: _________ x $25 x ______ # of Nights staying = $________________________ Total Amt. Due
CREDIT CARD AUTHORIZATION
FORM

PAYMENT DUE BY AUG. 11, 2017

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.csf@gmail.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: ______________

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