

DIXIE NATIONAL QUARTER HORSE SHOW STALL RESERVATION FORM

Please mail this form in with your class entry form & payment info.
E-mail any stall questions to: lissa1954@bellsouth.net

BARN AVAILABILITY

IT IS YOUR RESPONSIBILITY TO TAKE NOTE OF THESE TIMES. STALLS WILL NOT BE READY ANY EARLIER. EARLY ARRIVALS WILL BE ASSIGNED TO ANY AVAILABLE BARN. *NO REFUNDS*****

BARN 3, 9, 15, 16 & 23	TUESDAY NOON	Feb. 10, 2009
BARN 12 & 13	WEDNESDAY NOON	Feb. 11, 2009
BARN 10	THURSDAY NOON	Feb. 12, 2009
{BARN 12 & 13 WILL BE SINGLE ROWS}		

STALL AGENT OR INDIVIDUAL: _____
(This is the name that will be on the stall assignment when you or your clients check in at the stall office)

ADDRESS: _____

CITY: _____

STATE: _____

CELL #: _____

IN CASE WE NEED ADDITIONAL STALL INFO., IF YOU LEAVE SOMETHING, ETC.

E-mail: _____

******* GROUPS OR INDIVIDUALS... *******

wishing to be stalled together **MUST** send stall forms in same envelope. We cannot guarantee placement by any other group if forms are received separately. Stalls assigned on first come, first served basis.

We **MUST** know your anticipated arrival & departure time. Thanks, this is a great help to the stall office.

ARRIVAL TIME: DAY: _____ TIME: _____ A.M. _____ or P.M. _____

DEPARTURE TIME: DAY: _____ TIME: _____ A.M. _____ or P.M. _____

TOTAL # OF STALLS (HORSE OR TACK) NEEDED FOR THIS AGENT OR INDIVIDUAL: _____

CHECK ONE: \$100 **DESIRED BARN** **1ST CHOICE:** _____

 \$75 **OPEN:** **2ND CHOICE:** _____

****Arena most of your classes will be in:**
Equine Center _____ Coliseum _____

**** This selection DOES NOT guarantee placement close to that arena. We will assign based on availability.**

Additional information or request: _____

SHOW OFFICE USE ONLY

_____ STALLS @ _____ each

Paid Sponsorship: Yes _____ No _____

STALL OFFICE USE ONLY

STALL #: _____

Check In Date & Time: _____