

FALLEN HORSEMAN MEMORIAL HORSE SHOW

STALL RESERVATION FORM

stalls must be paid to be reserved

stall, bedding and entry fees are all separate

stall fees: \$60 received prior to Aug 15th

\$75 received after August 15th

no refunds after August 21st

NAME _____

STALLING AGENT _____

CONTACT NUMBER _____

EMAIL _____

CHECK # _____ AMOUNT _____ make checks payable to FHMHS

CREDIT CARD: WILL BE CHARGED A 4% PROCESSING FEE

circle one: Visa MasterCard Discover American Express

Card Number: _____

Expiration: __/__ Security Code: _____

Exact Name On Card _____

Billing address including City, State and Zip _____

SIGNATURE REQUIRED: I agree for my card to be used and/or check(s) for stalls and agree to terms above. If check issued and/or card payment is not my personal check or CC, I agree that I am authorized to issue payment on that party's behalf. I understand that returned checks will be charged a fee of \$35 or 5% whichever is greater. Credit cards are non-reversible and will incur a 4% processing fee.

Signed _____ Date: _____

Return To: FHMHS 15 South Valley Rd. Xenia, Ohio 45385 Questions? 937.672.5629

Please send sponsorship checks separate with sponsor form www.fhmhs.com

Office Use Only: Date Received _____ Sponsor: _____