

2019 TRI-STATE STALL RESERVATION FORM

Stalls will be assigned using this form only. Phone or fax reservations will not be accepted.

Payment must accompany reservations!
 Stalls: \$115 each/weekend
 Make checks payable to TSHA.
 Mail To:
 TSHA Open Show Barn Reservations
 8 Falls River Circle
 Ivoryton, CT 06442

To be eligible for a refund, the Barn Manager (860-304-5848) must be notified of cancellation by the **SATURDAY** preceding the show.

You must confirm cancellation ONLY with the Barn Manager.
NO HORSES WILL BE ALLOWED ON THE GROUNDS BEFORE 2:00 ON THURSDAY!

**NOTE:
 NEW Thursday
 Arrival Time!!**

NEW IN 2019!!!
**ALL HORSES NOT ASSIGNED A STALL WILL
 BE CHARGED A HAUL-IN FEE OF \$20/DAY.**

OWNER/FARM NAME: _____ TELEPHONE: _____

STREET ADDRESS: _____ SHOW DATE: _____

CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

Please Read &

**NOTE THE
POSTMARK
 DATES**

Stall reservations for the 1st show will be accepted starting with a POSTMARK DATE of May 1, 2019. **NO EXCEPTIONS.** All Reservations must be mailed and any received with a postmark prior to May 1 will be **INVALID** and returned for re-submittal with no consideration of the earlier date received. Reservations for the 2nd and 3rd shows will be accepted with a POSTMARK DATE of no sooner than the **MONDAY** after the previous show. Stalls will be assigned on a first-come, first-paid basis and locations assigned are at the discretion of the Committee. All stall reservation fees must be paid in full prior to the show. No blank or post-dated checks will be accepted. Any returned check will cause forfeiture of the stalls it covered. All stall reservation forms must list horse's name, owner's name or its use as a tack stall. No empty stalls may be reserved. Reservations not in compliance will be marked incomplete and returned with no consideration of earlier date. The Open Show Committee reserves the right to limit the number of tack stalls requested.

List all names of those wishing to be stabled together and relative information on the form below. **\$35.00 FEE CHARGED ON ALL RETURNED CHECKS**

Horse's Name (Must match name on entry form to verify stall assignment)	Exhibitor/Owner Name (Must match name on entry form)	Exhibitor/Owner's Address	TSHA use only Do not write in this column
1			
2			
3			
4			
5			
6			

ATTACH additional sheets if necessary. Please do not list more than six (6) horses per form.

REMINDER: For parties wishing to be stabled together, reservations **MUST** be submitted in the same envelope.

Signature _____ Date _____

Barn Preference (circle one): **UPPER** **LOWER**
 No guarantee can be given for barn preference.

**A minimum of 4 bags
 of shavings per stall
 MUST be purchased
 from FCF.**