

**2010 FLORIDA P.F.H.A.  
STALL RESERVATION REQUEST /R.V. SPACE RESERVATION**

**\*\*\*\*\*NO PHONE REQUESTS ACCEPTED - NO EXCEPTIONS\*\*\*\*\***

**IMPORTANT NOTIFICATION:**

FLORIDA DEPARTMENT OF AGRICULTURAL MAY REQUIRE ORIGINAL VALID COGGINS AND HEALTH CERTIFICATE (IF APPLICABLE) FOR ALL HORSES ENTERING THE TROPICAL PARK EQUESTRIAN CENTER. WE RECOMMEND THAT YOU ALSO BRING A COPY AS THEY MAY WANT TO KEEP ONE FOR THEIR RECORDS.

Owner Name: \_\_\_\_\_

TELEPHONE # (     ) \_\_\_\_\_ E- MAIL: \_\_\_\_\_

Group you wish your horse(s) to be stalled with: \_\_\_\_\_

Make sure that your name is included in the "Stable Together With" Request Form.

Horse's Complete Registered Name ( if tack stall write "Tack Stall" in place of Horse's Name)	Horse/Tack Stall Cost
<b>TOTAL</b>	

*Please note that Stall request preference will be honored in the following order:*

- 1) *Farm Sponsorship Package Purchaser*
- 2) *Order in which the request with payment are received (In the case of exhibitors requesting their horses be stalled together, the day the last of the exhibitors on the "stable with" list sends and pays for the stall will be the day entered as the received day. For example if everyone but one person on the stall with list sent in their request and payment for stalls on the 1<sup>ST</sup> day of the month and the last person sent it on the 15<sup>th</sup> day of the same month. Then the 15<sup>th</sup> is that month will be the date we record the reservation request was received.*

**STALLS ARE NON-REFUNDABLE AFTER PRE-ENTRY DEADLINE  
CANCELLATION MUST BE MADE IN WRITING AND RECEIVED PRIOR TO PRE-ENTRY DEADLINE**

**( ) I HEREBY LIKE TO RESEVE AN RV SPACE, I UNDERSTAND THAT THE COST PER DAY IS \$40.00**  
**ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_**  
**PLEASE NOTE THAT THERE ARE LIMITED NUMBER OF RV SPACES WE WILL NOT BE ABLE TO GUARANTEE THAT THERE WILL BE SPACE AVAILABLE UNLESS YOU RESERVE SPACE PRE-ENTRY DEADLINE**

**PAYMENT- AUTHORIZATION**

- ( ) Check (please make payable to: Florida Paso Fino Horse Association)  
 ( ) Credit Card ( ) Visa ( )Master Card ( ) American Express

Cardholder's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ V-Code \_\_\_\_\_

Cardholder's  
Signature: \_\_\_\_\_

PLEASE FAX THIS FORM TO: (305)595-7907 OR MAIL TO FLORIDA PFHA C/O Martha Sarmiento 10805 SW 95<sup>TH</sup> STREET MIAMI, FLORIDA 33176 - NO LATER THAN THE PRE-ENTRY DATE  
 ALL CREDIT CARDS WILL BE CHARGED AND CHECKS DEPOSITED UPON RECEIPT OF REQUEST.