

# 2010 FLORIDA PFHA STABLE TOGETHER WITH REQUEST FORM

NOT A STALL RESERVATION REQUEST

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

Farm/Sponsor or Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone# \_\_\_\_\_

E-Mail: \_\_\_\_\_ Trainer: \_\_\_\_\_

The following owner(s) hereby request that there horses be stalled together.

Owner's Name	Horse Complete Register Name (If Tack Stall please put "Tack Stall" in place of Horse Name)	Arrival Date

<b>Total Horse Stall/Tack Stall in Group</b>	
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## IMPORTANT PLEASE READ CAREFULLY

THIS FORM WILL NOT BE CONSIDERED RECEIVED AND ACCEPTED UNTIL EACH OF OWNER ON THE LIST SUBMITS THE FOLLOWING

- 2010 HORSE/TACK STALL RESERVATION REQUEST FORM FOR EACH OWNER/HORSE/TACK
- .COMPLETED CREDIT CARD AUTHORIZATION PORTION OF HORSE/TACK STALL RESERVATION REQUEST OR CHECK PAYABLE TO FLORIDA PFHA FOR TOTAL NUMBER OF HORSE/TACK STALL REQUESTED BY OWNER - REFER TO SHOW PRIZE LIST FOR COST OF STALLS
- COPY OF HORSE REGISTRATION-REQUIRED WITH STALL RESERVATION
- ENTRY FORMS, COGGINS, PFHA/USEF MEMBERSHIP, MAY BE SENT AT THIS TIME AS WELL.

**Please fax this form along with FULLY COMPLETED STALL RESERVATION FORM TO: (305)595-7907. OR E-MAIL TO [marthasarmiento@floridapfha.org](mailto:marthasarmiento@floridapfha.org). If paying w/check please mail to address on Stall Reservation Form**

REMINDER: SUBMIT YOUR ENTRY FORM ALONG WITH ALL REQUIRED DOCUMENTS BY PRE-ENTRY DEADLINE TO AVOID LATE ENTRY FEES.

Agriculture Department will not allow any horses to enter the Equestrian Center after 10 p.m. One bag of shavings will be provided per stall. Should you need additional shavings, they will be available for purchase between the hours of 8 to 5 p.m throughout the show.

**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.