



STALL RESERVATION REQUEST FORM

All requests must include payment in full. **NO TELEPHONE REQUESTS WILL BE ACCEPTED**

IMPORTANT NOTIFICATION: FLORIDA DEPARTMENT OF AGRICULTURE WILL REQUIRE ORIGINAL VALID COGGINS & 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.

ATTENTION: ONLY GOLF CARTS & AUTHORIZED VEHICLES WILL BE ALLOWED IN THE STALL/ARENA AREA DURING SHOW. NO HORSE TRAILERS WILL BE ALLOWED IN BARN AREA - NO EXCEPTIONS!

OWNER NAME: _____

Telephone No.: _____ Email: _____

Have you purchased a Platinum, Diamond or Emerald Sponsorship () Yes () No

Group you wish your horse(s) to be stabled with: _____

*Please make sure that your name is included in other parties "Stable Together With Request Form"

Table with 2 columns: Horse's Complete Registered Name (If Tack Stall, write "Tack Stall" in place of Horse's name) and Horse/Tack Stall Cost. Includes a TOTAL row at the bottom.

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

- 1) VIP Table Level (Platinum, Diamond, Emerald, Gold & Silver Sponsors)
2) Order in which the request with payment is received (in the case of Exhibitors requesting their horses be stabled together, the day the last of the Exhibitors on the "stable with" request form sends and pays for the stall will be the day entered as the received date. For example, if everyone but one person on the "stall with" request form sent in their request and payment for stalls on February 12th and the last person sent it on February 17th, then February 17th is the date we record the reservation request was received.

IMPORTANT REMINDER: TO OBTAIN SPECIAL OFFER PRICING SUBMIT ENTRY FORMS WITH REQUIRED DOCUMENTATION AND PAYMENT BY MIDNIGHT ON FEBRUARY 28, 2025.

STALLS ARE NON-REFUNDABLE AFTER 2/28/2025. CANCELLATION MUST BE RECEIVED IN WRITING PRIOR TO 2/28/25

CREDIT CARD AUTHORIZATION

MASTER CARD () VISA () AMERICAN EXPRESS () DISCOVER ()

ACCOUNT # _____ EXP. DATE _____ CVV # _____

NAME ON CREDIT CARD: _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

HOME TELEPHONE # _____ MOBILE # _____

EMAIL ADDRESS _____

I, we hereby authorize Florida Paso Fino Horse Association to charge my above referenced credit card account the total amount of \$ _____

Signature _____ Date _____

Please note that credit cards will be charged and checks will be deposited upon receipt of this form.

Please fax this form to: (305) 675-2823 or e-mail to flshows@floridapfha.org

4% processing fee will be added to all credit card transactions.