



ACHA Cowtown Cutting Stall Reservation Form

Name of person paying fees: _____

APHA ID #: _____

Method of Payment: Check, Cash or Money Order MasterCard VISA American Express Discover

Credit card #: _____ Exp. date: _____ CVV #: _____

Signature: _____ Daytime phone #: _____

Address of person paying fees: _____

City: _____ State: _____ Zip: _____

E-mail: _____

I give permission for APHA to charge my credit card for any amounts due with regard to my entries.

APHA Use	Date _____
	C/R# _____

Please be sure to list each horse's name below.

Horse's name: (All horses that will be occupying a stall must be listed. List "TACK" for tack stalls.) Registration number: _____

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____

Length of stay:

Arrival Date: _____ Departure Date: _____

Stall me with: _____ This person is my trainer or my friend
(When several people are wishing to stall together, please choose one common name to list on all stall forms.)

_____ x \$60 = \$ _____
Number of Stalls (1-2 nights)

_____ x \$120 = \$ _____
Number of Stalls (3-4 nights)

Total Amount Due: = \$ _____

Paid Parking Facility

The Will Rogers Memorial Center is a paid parking facility. All vehicles and trailers on the Will Rogers property will be required to pay to park in all facility lots. For more information and to purchase WRMC parking passes, please visit www.culturaldistrictparking.com.



Mail or fax Stall Reservation form to:

American Paint Horse Association

Horse Show Entries • P.O. Box 961023 • Fort Worth, Texas 76161
(817) 834-APHA (2742), ext. 416 • Fax: (817) 222-8489 • acormack@apha.com

To exhibit, all horses must have:

- Negative Coggins—dated no earlier than July 9, 2016
- Out of state horses: Health certificate—issued no earlier than June 10, 2017
- Registration papers