

~~ Snohomish County 4-H Horse Show ~~

Form must be postmarked **1 WEEK PRIOR TO THE SHOW** with full payment or post entry fees and rules will apply.

Preparing Club Reservations

All clubs wishing to have members stall together must collect all stall fees as a club and mail in one Stall Request form including a club check or note an online payment. Individual/personal checks will not be accepted. If more than one check or payment is received - your request may not be honored. Reservations sent by individual members may not be stabled with their Club or added to a Club Reservation already received. No telephone reservations for stalls, please!

Barn Hours/Emergencies:

- ✓ Friday 4 PM - 10 PM, Saturday 6 AM - 10 PM, Sunday 6 AM to end of show.
- ✓ In case of emergency we will call the phone numbers listed

Club Name: _____ Optional Request to Stall Next to Club: _____

Club Leader: _____ Phone #: _____ Email Address: _____

Members are required to fill and clean their own stalls!

| | |
|---|---|
| ONE CHECK/PAYMENT PER CLUB INCLUDE CLUB NAME ON ALL PAYMENTS | Tack Stalls \$10, Day Use \$20, Two Day Use \$25, Weekend \$30 |
|---|---|

@Snohomish-Horse
note Stall Fees and Club Name

Venmo

Check

| NUMBER OF TACK STALLS | Day Use Sat | Day Use Sun | Fri Nite & Sat | Sat Nite & Sun | Weekend |
|---|---|---|---|---|---|
| <input style="width: 40px; height: 40px;" type="text"/> | <input style="width: 40px; height: 40px;" type="text"/> | <input style="width: 40px; height: 40px;" type="text"/> | <input style="width: 40px; height: 40px;" type="text"/> | <input style="width: 40px; height: 40px;" type="text"/> | <input style="width: 40px; height: 40px;" type="text"/> |

TOTAL PAYMENT SENT \$ _____

Special Request: _____

DO NOT MAIL IN WITH SHOW ENTRY FORM. MAIL SEPARATE

Please make check payable to:
Snohomish County 4-H Horse Program
Mail to: Stall Reservation
P O Box 148
Snohomish WA 98291

Stall Contact Information:
Billi Startzman 425 344 5873
snohomishhorse4h@yahoo.com

ATTENTION:

- ♦ **1 horse per stall. (exceptions made for mares with nursing foals or 2 miniature horses who are routinely stabled together. Please list both horses names)**
- ♦ **Emergency Contact is the person who can make decisions (financial and otherwise) regarding the horse.**

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| Emergency Contact Name & Phone # | | | | | |
| | \$20 | \$20 | \$25 | \$25 | \$30 |

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