

# 2019 STALL FORM

Florida Super Eight ApHC Shows (March 15-17 & March 22-24)

AQHA Love Circuit (March 15-17) & AQHA Love Returns Circuit (March 22-24)

Mail Form To: P.O. Box 400 Venice, FL 34284

Overnight Address (Fed Ex/UPS Only): 800 N. Auburn Rd., Venice, FL 34292

Email: [foxleafarm3@aol.com](mailto:foxleafarm3@aol.com) Fax: (941) 484-4321

Confirmation will be emailed to you. Inquires may call (941)786-8028

**NOTE to Trainer:** If splitting your tack stalls, trainer please submit a Trainer Split Form (found on Fox Lea Farm Website). You may then have all your customer call, text or email their cc# to the corresponding information provided above. Please make checks Payable to: **Fox Lea Farm by February 28<sup>th</sup>, 2019**. You may arrive March 14<sup>th</sup> with no early arrival fee. Before March 14<sup>th</sup>, each stall will be \$22 per night. Please call for large group discounts. For ApHC sponsorship please call Billy Ready 860-573-5555 & AQHA sponsorship please call Dean Bogart 478-733-4983.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

## Stall/ Shavings

Trainer to be stabled with: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Circuit Stalls (includes BOTH Weekends & layover) \_\_\_\_\_ @ \$275 Total \$ \_\_\_\_\_

Stall March 15<sup>th</sup>-17<sup>th</sup> (1<sup>st</sup> weekend) \_\_\_\_\_ @ \$99 Total \$ \_\_\_\_\_

Stall March 22<sup>th</sup>- 24<sup>th</sup> (2<sup>nd</sup> weekend) \_\_\_\_\_ @ \$99 Total \$ \_\_\_\_\_

Layover Stall Between weekends \_\_\_\_\_ @ \$77 Total \$ \_\_\_\_\_

Shavings to be Delivered \_\_\_\_\_ @ \$8.50/ bag Total \$ \_\_\_\_\_

## RV Hookups

30 AMP Arrival Date: \_\_\_\_\_ RV Departure Date: \_\_\_\_\_

# Of RV Nights \_\_\_\_\_ x \$40.00 Per Night = Total \$ \_\_\_\_\_

50 AMP Arrival Date: \_\_\_\_\_ RV Departure Date: \_\_\_\_\_

# Of RV Nights \_\_\_\_\_ x \$50.00 Per Night = Total \$ \_\_\_\_\_

CC# \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Zip code to Billing Address of cc \_\_\_\_\_

Total to be chg'd \_\_\_\_\_ Paid by Check \_\_\_\_\_ Amount of Check \_\_\_\_\_

ALL arriving MUST present a valid CREDIT CARD or OPEN CHECK. This will be used for any incidentals that must arise. Could include but not limited to additional shavings, additional night stay etc.