

# 2024 AMHA WORLD CHAMPIONSHIP SHOW

Sept 20 - 28, 2024

# STALL RESERVATION FORM

PLEASE PRINT CLEARLY

Name (person only - no farm names):
Address:
City, State, Zip:
Phone #:
Email:

**ENTRY & STALL FORMS MUST BE MAILED TOGETHER**

**Complete payment must accompany order form.**  
 Stall reservations received without payment  
 will not be accepted.

**INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

**STALL FEES: \$190 each or \$150 each**  
 (includes one bag of shavings)

**STALL DEADLINE: AUG 7TH**

\*Postmark (postal meters not accepted)

For location & complete stalling information, please see the World Championship Show Premium Book

<input type="checkbox"/> <b>PRIORITY 1</b>
<b>STALL FEE: \$190 each</b>
Early Arrival Fee: \$25 per stall/day
Late Departure Fee :\$25 per stall/day
_____ Stalls @ \$190 ea. = \$ _____
_____ # Stalls Early Arriv. X _____ days
_____ # Stalls Late Dept X _____ nights
<b>Total Due \$ _____</b>
<b>Arrival Date: _____ Dept Date: _____</b>

or

check one:
<input type="checkbox"/> <b>PRIORITY 2</b> <input type="checkbox"/> <b>PRIORITY 3</b>
<b>STALL FEE: \$150 each</b>
Early Arrival Fee: \$25 per stall/day
<b>**Sunday Late Dept Fee: \$25 per stall/night</b>
_____ Stalls @ \$150 ea. = \$ _____
_____ # Stalls Early Arriv. X _____ days= \$ _____
_____ # Stalls Late Dept. X _____ nights= \$ _____
<b>Total Due \$ _____</b>
<b>Arrival Date _____ Depart Date _____</b>

**Notes:**

**\*\*Early arrival must be prepaid to the AMHA office when ordering stalls. Refer to Premium for details.**

**\*\*\*If you wish to be stalled with someone, reservations & entries must be received in the same envelope.**

***stall me with:	#
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Please make checks payable to:

American Miniature Horse Association

Mail all forms to: Tracey Slagle, 2793 16th Rd

Central City, NE 68826

\*Postmark (postal meters not accepted)

<b>PAYMENT METHOD:</b> (choose one)
ACH    VISA    MC    DISCVR    AMEX
Card Number: _____
Exp. Date: _____ CVV _____
<b>Cardholder Name:</b> _____
Address: _____
City, State, Zip: _____
Phone #: _____
Signature: _____

<b><u>EXHIBITORS with Special Needs</u></b>
<b><u>REQUIREMENTS</u></b>
Please provide the following with AMHA entry & stall form by close of entry date: <b>The following forms must be in the name of <u>only the COOL EXHIBITOR:</u></b>
1. A copy of the COOL exhibitor's Department of Licensing Handicap Parking Identification Card
2. A copy of a signed letter from the COOL Exhibitor's doctor attesting to the individual's special requirements.
The Will Rogers facility is handicap accessible. However, exhibitors with documented special needs status may request special stabling consideration based on their particular disability. These will be considered on a case to case basis. There will be no separate handicap draw.
<b>Please check first priority:</b>
<input type="checkbox"/> Close to arena
<input type="checkbox"/> Close to the restrooms
<input type="checkbox"/> Close to an entrance
Other considerations / comments? _____

**NO FAXED ENTRIES**  
**EMAIL: tracey\_slagle@hotmail.com**