

STALL RESERVATIONS

Due Date: postmarked on or before January 20, 2010

ALL HORSES MUST HAVE A STALL TO SHOW

\$10.00 LATE FEE ON ALL RESERVATIONS RECEIVED AFTER JAN. 20, 2010

PLEASE INDICATE FARM AFFILIATION AND OWNER/EXHIBITOR NAME

Owner / Exhibitor Name: _____

(Person responsible for picking up gate passes)

Farm Affiliation: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax/Email: _____

Stalls needed Horses/Tack: _____

@ \$

each = \$

Late Stay/Early Arrival Fee: _____

@ \$20.00 per Stall = \$

NO INITIAL BEDDING WILL BE PROVIDED.

Please try to stable me with the following people:

1. _____

2. _____

Please enter number next to the sex and breed of horse(s) being shown:

Breed	Sex	Fee	Move In	Move Out	Arrival Date
ADS	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	\$65.00	02/04/10	02/07/10	
All Breed Gaited	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	\$50.00	02/03/10	02/05/10	
Draft Horse/Pony	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	NC	02/08/10	02/10/10	
Drill Team	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	\$50.00	02/12/10	02/14/10	
Paints – Pintos	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	\$50.00	01/29/10	01/31/10	
Quarter Horses	<input type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S	\$65.00	01/28/10	01/31/10	

EARLY ARRIVAL or LATE STAY FEE \$20.00 PER STALL PER DAY

STALL FEES ARE NON-REFUNDABLE!!!

TOTAL FEES ENCLOSED: \$ _____

Make Checks Payable to:

Florida State Fair Authority
4800 US Hwy 301 N
Tampa, Florida, 33610

813-740-3500 PHONE
813-740-3502 FAX

***** ONLY STALL RESERVATION PAYMENTS WILL BE PROCESSED



FLORIDA STATE FAIR AUTHORITY

Credit Card Authorization

PLEASE COMPLETE INFORMATION LISTED BELOW AND RETURN THIS FORM WITH YOUR ORDER. YOU MAY CHOOSE TO PAY BY CREDIT CARD, HOWEVER, WE REQUIRE YOUR CREDIT CARD AUTHORIZATION BE ON FILE BEFORE WE CAN PROCESS YOUR ORDER(S) FOR SERVICE. FOR YOUR CONVENIENCE, WE WILL USE THIS AUTHORIZATION TO CHARGE YOUR CREDIT CARD ACCOUNT FOR ANY ADDITIONAL AMOUNTS INCURRED AS A RESULT OF SHOW SITE ORDERS PLACED BY YOUR REPRESENTATIVE.

Signature: _____

AMERICAN EXPRESS DISCOVER MASTER CARD VISA

PLEASE PRINT CLEARLY THE FOLLOWING INFORMATION:

ACCOUNT NO.																				
EXPIRATION DATE																				

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

<u>SALES</u>	<u>AMOUNT</u>

**FLORIDA STATE FAIR AUTHORITY
P.O. BOX 11766
TAMPA, FLORIDA 33680**

TOTAL \$ _____

CAMPING RESERVATIONS
813-621-7821
FAX: 813-740-4518
E-MAIL: foglek@doacs.state.fl.us

EQUESTRIAN CENTER STALLS
813-740-3500
FAX: 813-740-3502
E-MAIL: paytonr@doacs.state.fl.us