2019 SPORT HORSE NATIONALS

OFFICIAL STABLING REQUEST FORM HITS HORSE HEALTH DECLARATION

ALL HORSES, Competing or Non Competing must be listed below

PLEASE SUBMIT ONLY ONE FORM PER GROUP TO BE STABLED TOGETHER

Additional tack stalls MUST be ordered on an entry form leaving the horse information blank

To guarantee stalling this form must be received at the AHA office no later than August 6, 2019

EITHER send this form with your entries or;

FAX: Attention Sport Horse Nationals please 303-696-4599

EMAIL: nationalevents@arabianhorses.org with Sport Horse Nationals in the subject line

UPON ARRIVAL TO HITS BALMORAL PARK, I HEREBY CERTIFY THE FOLLOWING:

PATRON/ELITE SPONSOR / FARM / STABLE NAME_____

the Patron/Elite Sponsor must match the above name–Otherwise you will not receive preferred priority in stalling assignments)

Trainer Name _____

I would like to request to be stabled (area) _____

Contact Person _____ Daytime Phone_____

Email _____ Arrival Date_____

☐ CHECK HERE if this is an updated stall reservation and please indicate the added horses/owner

Check all that apply ☐ Dressage Exhibitor ☐ Sport Horse Division Exhibitor ☐ Hunter/Jumper Exhibitor ☐ Driving Exhibitor

ALL HORSES, Showing or Non Showing. Must be listed below

Check for Online entry	Check for Non Competing	Owners Name	Horses Name	# Horse Stalls	#Tack Stalls
◯	◯				
◯	◯				
◯	◯				
◯	◯				
◯	◯				
◯	◯				
◯	◯				
◯	◯				
◯	◯				
◯	◯				
◯	◯				
◯	◯				
◯	◯				
◯	◯				
☐ CHECK HERE IF YOU ARE A PATRON/ELITE SPONSOR *ONCE CHECKED PATRON/ELITE SPONSORSHIP IS NOT EXCHANGABLE OR REFUNDABLE*			Total # of Stalls 0		

Patron/Elite Sponsor stabling is limited to one trainer/farm per Patron/Sponsor
Piggybacking of farms/trainers will not be allowed.

If someone requests to be stabled near or with you and they are not listed above, should we accommodate that request? YES◯ NO◯?

ORIGINATION INFORMATION (Address from which horse(S) were moved to the event)

Farm Name _____ Contact Name_____

Address_____ Phone _____

City _____ State _____Zip _____

Attending Veterinarian _____ Phone _____

HORSE HEATH DECLARATION. I declare that the horse(s) named above have been in good health, with body temperature below 102°F, eating normally and have shown no signs of infectious disease for the three (3) days preceding arrival at this event. By signing below I affirm that I have the authority to sign on behalf of the Trainer and/or Agent listed above.

SIGNATURE (required) _____ *Date* _____

*PRINT NAME*_____

SAVE **PRINT** **EMAIL** **Clear Form**