April 29-
May 3, 2020

2020 IQHA MAYFLOWER STALL RESERVATION FORM

Iowa State Fairgrounds

Stall Reservation Name_____
(group you are stalling with)

Person Paying:_____Phone#:_____

Address/City/State/Zip Code:_____

Email:_____

Stalling: (the office will not split tack stalls, please do this among your group)

Early Bird Discount (paid or postmarked by/on April 18, 2020)

Total # Stalls_____@$150/stall =$_____

Regular Stall Rate (paid or postmarked on April 19, 2020 or later)

Total # Stalls_____@$175/stall =$_____

Shavings (pre-order your shavings so they are at the stalls when you arrive)

Total # Shavings_____@$7.50 each =$_____

Pre-Bed Service

Total # of Stalls_____@ $10/stall =$_____

NO REFUNDS AFTER APRIL 20

TOTAL DUE =$_____

Please list the names of those included in this reservation & # of stalls each
Continue list on the back if needed.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Estimated Arrival Date_____ **am or pm (circle one)**
Early arrivals (before Tuesday at 8 am) need to have prior arrangements made with Jackie

Diamond Sponsorship @$250=_____(preferred stalling location request-separate check please)

How to list sponsorship_____
*Note: Stall locations cannot be guaranteed until stall reservation and payment &/or sponsorship (2 separate checks) have been received & confirmed. Stall locations are handled on a first paid/first choice basis. Please include first and second choices for your stall location.

1st Choice_____2nd Choice_____

No outside bedding. An additional fee of $75/stall may be charged if found bringing in outside shavings.

Office use:

Stall Request:_____

Pstmrk_____By_____

Ck $_____Ck#_____

Payment

Make checks payable to IQHA

Mail check along with form to:
Jackie Kincaid
1516 Summer Park Dr.
Ankeny, IA 50021

Contact Information

Barn Manager & Stall Reservations
Jackie Kincaid (515) 991-5094

Email: iqhamayflowerinfo@gmail.com
www.iowaquarterhorse.com

See showbill for more information

Credit Card Payment (A 4% credit card fee will be applied)

Credit Card Number |___|___|___|___| |___|___|___|___| |___|___|___|___| |___|___|___|___|

Expiration Date: _____ Security Code: _____ Billing Zip Code_____

Signature:_____ Print Name: _____