



2021 IQHA MAYFLOWER STALL RESERVATION FORM





| Stall Reservation Name(group you are stalling with) | | | |
|---|---|---|--|
| Person Paying: | | Phone#: | |
| Address/City/State/Zip Code: | | | |
| Email: <u>Stalling:</u> (the office will not split tack stalls, please do this among your group) | | Please list the names of those included in this reservation & # of stalls each Continue list on the back if needed. | |
| Early Bird Discount (paid or postmarked | l by/on April 24, 2021) | | |
| Total # Stalls@\$150/sta | all =\$ | | |
| Regular Stall Rate (paid or postmarked or | n April 25, 2021 or later) | | |
| Total # Stalls@\$175/sta | all =\$ | | |
| Shavings (pre-order your shavings so the | ey are at the stalls when you arrive) | | |
| Total # Shavings@\$7.50 ea | ach =\$ | | |
| Pre-Bed Service | | | |
| Total # of Stalls@ \$10/sta | .ll =\$ | | |
| NO REFUNDS AFTER APRIL 24 TOTAL D | <u>DUE</u> =\$ | | |
| Estimated Arrival Date Early arrivals (before Tuesday at 8 am) need t | am or pm (circle one) to have prior arrangements made with J | Jackie | |
| Diamond Sponsorship @\$250= | | | |
| How to list sponsorship*Note: Stall locations cannot be guaran been received & confirmed. Stall location for your stall location. | teed until stall reservation and pans are handled on a first paid/first o | ayment &/or sponsorship (2 separate checks) have choice basis. Please include first and second choice | |
| 1st Choice | 2nd Choice_ | | |
| No outside bedding. An additional fee of \$75/stall may be charged if found bringing in outside shavings. | Payment Make checks payable to IQF | Contact Information Barn Manager & Stall Reservations | |
| Office use: | Mail check along with form | Jackie Kincaid (515) 991-5094 | |
| Stall Request: | Jackie Kincaid | Label subject as "Mayflower" | |
| PstmrkBy | 1516 Summer Park Dr. Ankeny, IA 50021 | www.iowaquarterhorse.com | |
| Ck \$Ck# | | See showbill for more information | |
| Cred | lit Card Payment (A 4% credit card fo | fee will be applied) | |
| Credit Card Number | | 1 1 1 1 1 1 1 1 | |
| Expiration Date: Secu | urity Code: Billing Zip C | dode | |
| Signature: | re:Print Name: | | |