

STALL RESERVATION FORM
Williamson County 4-H Horse Show

Name/Group Name/Trainer: _____ Cell: _____

Please stall the following Exhibitors together:

Exhibitor Name:	# Stalls (\$10)	# Tack (\$5)	# Shavings (\$6)	PAID: (Note if Paid via "Entry Form")
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTALS:				

Make checks payable to: Williamson County 4-H (separate checks or one total check is acceptable)

- Attach this form and submit with all Show Entry forms for your group.
- Stalls will be pre-assigned as they are received.
- Stalls will NOT have to be cleaned upon departure as in previous years.
- Bags of shavings will be in the assigned stalls when you arrive.
- In case of rain, we will not assign stalls on the outside rows.