

PRE-SHOW FEED & BEDDING ORDER, HORSE WATCH

DELIVERY INFORMATION

Trainer's Name _____
(Trainer's Name - Not Farm Name)

Arrival Date _____ Arrival Time _____

Stable With _____
(If different from Trainer above) (Trainer's Name - Not Farm Name)



ORDER INFORMATION

Shavings _____ (45 bags in a pallet)

Hay (Timothy) _____ Hay (Alfalfa) _____

Omolene 100 - _____ Omolene 200 - _____
10% Sweetfeed 14% Sweetfeed

Omolene 400 _____ Impact - _____ Impact - _____ Purina Equine _____
(12% High Fiber Sweet Feed) Pellet 10% 12% Sweet Feed Senior

Purina Strategy _____ Purina Strategy _____ Oats - Crimped _____ Bran _____
GX Healthy Edge

Beet Pulp _____ Ultium _____ Alfalfa Cubes _____ Dengi _____
with Molasses

Amplify _____ WellSolve LS _____ Enrich Plus _____ Super Sport _____

BILLING INFORMATION - PLEASE READ CAREFULLY

1. IF BILLED TO TRAINER: Enter Trainer's Name (DO NOT Use Farm Name) TRAINERS PLEASE NOTE: You may split your charges for feed and bedding among your customers

after arrival. This must be done in the show office by Friday of each horse show week. You should advise your customers that these charges will be on their horse show bill and that they should not check out until after you have split your charges. Only the total dollar amount will be split, i.e., we will not split specific quantities of shavings or hay to each customer. However, you may charge different dollar amounts to your customers to account for individual usage.

Bill To: Trainer Name _____
(Trainer's Name - Not Farm Name)

OR

2. IF BILLED TO INDIVIDUAL: Enter Horse Name (of horse entered in show), Owner Name and Trainer Name.

Bill To: Horse Name _____

Owner Name _____

Trainer Name _____
(Trainer's Name - Not Farm Name)

ALL PRE-SHOW ORDERS MUST BE ON THIS FORM OR SUBMITTED ONLINE AT HITSSHOWS.COM

PLEASE DO NOT PHONE IN FEED ORDERS

YOU MAY SEND THIS FORM WITH YOUR ENTRIES OR FAX AT A LATER DATE

During the Horse Shows please fax to 708.304.2493 You may also place your order online at HitsShows.com.

ENTRIES MAY NOT BE FAXED

Ordered By _____ Signature _____ Date _____

HITS HORSE WATCH

(Please complete this form. Horse Watch is a mandatory service. See Rules and Regulations.)

Trainer _____	Cell _____
Arrival Date _____ Depart Date _____	Farm Name _____
Hotel Name or On-site RV description _____	Rm/Lot # _____ Hotel Ph _____
Emergency Contact 1 _____	Cell _____
Hotel Name or On-site RV description _____	Rm/Lot # _____ Hotel Ph _____
Emergency Contact 2 _____	Cell _____
Hotel Name or On-site RV description _____	Rm /Lot # _____ Hotel Ph _____