

2018 STALL FORM FOX LEA FARM

QH WINTER CIRCUIT & FUN IN THE SUN

9 Nights of Venice Fun!

MAIL TO: FOX LEA FARM, PO BOX 400, VENICE, FL 34284
 EMAIL: FOXLEAFARM2@AOL.COM FAX: 941-484-4321
 INQUIRIES MAY CALL: 941-809-6361 OR 941-809-6365

NOTE TO TRAINERS/EXHIBITORS	RESERVATION INFORMATION
<p><u>RESERVATION CLOSING DATE: DECEMBER 1TH, 2017</u></p> <p>ALL PAYMENTS WILL BE PROCESSED AS RECEIVED</p> <p><u>NO REFUNDS</u> WILL BE ISSUED AFTER THE CLOSING DATE - DECEMBER 1ST, 2017</p> <p>IF SPLITTING TACK STALLS, TRAINERS MUST SUBMIT A TRAINER SPLIT FORM (POSTED ON AN EQUINE PRODUCTION WEB SITE)</p> <p>EXHIBITORS MAY ARRIVE ON JANUARY 5TH, 2018, WITH NO EARLY STALL ARRIVAL FEES. BEFORE JANUARY 5TH, STALLS WILL BE \$20 PER NIGHT/ PER STALL. PLEASE CALL FOR LARGE GROUP EARLY ARRIVAL DISCOUNTS OR FOR WINTER BOARDING OPTIONS.</p> <p>THERE IS TO BE <u>NO SUB-LEASING</u> OF RESERVED STALLS.</p> <p>STALLS, SHAVINGS, & RV HOOK-UPS ARE NOT HANDLED ON SHOW TABS.</p> <p>ALL THOSE ARRIVING FOR STALLS OR RV MUST CHECK-IN WITH THE STABLING OFFICE (LOCATED IN THE MAIN BARN) AND PRESENT <u>A VALID CREDIT CARD OR OPEN CHECK</u>.</p> <p>THIS WILL BE USED FOR ANY INCIDENTALS THAT MIGHT ARISE. COULD INCLUDE, BUT NOT LIMITED TO, ADDITIONAL SHAVINGS, ADDITIONAL NIGHT STAY, ETC.</p>	<p>DATE: _____</p> <p>NAME: _____</p> <p>ADDRESS: _____ _____</p> <p>CELL PHONE: _____</p> <p>DO YOU ACCEPT TEXT: YES / NO</p> <p>EMAIL: _____</p> <p style="text-align: center;"><u>STALLS / SHAVINGS</u></p> <p>TRAINER TO BE STABLED WITH: _____</p> <p>ARRIVAL: _____ DEPARTURE: _____</p> <p>TOTAL # OF STALLS _____ @\$275 TOTAL: _____</p> <p>SHAVINGS _____ @\$8.50/BAG TOTAL: _____</p> <p style="text-align: center;"><u>RV HOOKUPS</u></p> <p>30 AMP TOTAL # OF NIGHTS _____ X \$40.00/NIGHT = \$ _____ ARRIVAL DATE: _____ DEPARTURE DATE: _____</p> <p>50 AMP TOTAL # OF NIGHTS _____ X \$50.00/NIGHT = \$ _____ ARRIVAL DATE: _____ DEPARTURE DATE: _____</p>

<u>PAYMENT INFORMATION</u>		
CREDIT CARD # _____	EXPIRATION DATE _____	SEC. CODE _____
NAME ON CARD _____	CELL PHONE: _____	BILLING ZIP _____
PAID BY CHECK # _____	AMOUNT OF CHECK \$ _____	TOTAL AMOUNT DUE \$ _____