

**BWHA Stall Reservation Form**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Trainer: \_\_\_\_\_

Number of Stalls: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Shavings: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Camping: YES / NO

Size of Camper or Trailer: \_\_\_\_\_

License Plate Number \_\_\_\_\_

Size of Electrical Service:

30 AMP \_\_\_\_\_ If yes put an "X"

50 AMP \_\_\_\_\_ If yes put an "X"

**TOTAL \$ AMOUNT:**  
**(Stalls, Shavings, Camping)**

Sending Check: YES / NO

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_