



2017 STALL & CAMPER SITE CIRCUIT RESERVATION FORM

4th OF JULY SUMMER CELEBRATION CIRCUIT

July 5-6-7-8-9, 2017

STALL RESERVATIONS MUST BE PREPAID AND ARE NON-REFUNDABLE.

RESERVATION DEADLINES: FOURTH OF JULY SUMMER CIRCUIT BY May 30th, 2017

Please fill out this FORM and sent it with your PAYMENT for STALLS and CAMPER SITE RESERVATIONS, as you know, stalls and campsites go quickly and the Postmark will denote the date of payment.

Dates Attending Only Check on line of choice	Cost per Stall	Cost per Camper Site	Total # of Stalls	Total # of Camper Sites	Total Enclosed
<input type="checkbox"/> 4 th of July Summer Circuit 6 Shows (Arriving on 7/4 thru 7/9)	\$125.00	\$125.00	_____	_____	_____
<input type="checkbox"/> (Arriving before 7/3) or (Staying over 7/9)	\$25 per Stall / \$25 per C. Site /per night at Circuit		_____	_____	_____

Please Provide List of Names Reserving for, to prevent double reservations!!! The Are No Refunds!!!!

NOTE: MUST BE PRE-ARRANGED If you will be Arriving PRIOR to July 3rd or staying the night of July 9th please add \$25.00 per STALL for each night staying – CAMPSITE RATE IS \$25.00 PER CAMP SITE PER NIGHT .

2017 WPQHA CIRCUIT STALL RESERVATION FORM			
NAME:	E-MAIL ADDRESS:	Date:	
ADDRESS:			Trainer (if applies):
City:	State:	Zip:	Phone: Cell:
Special Request:			

All shavings to be pre-ordered – YOU MUST make arrangements prior to arrival. (Order form available on-line)

2017 WPQHA CIRCUIT CAMPER SITE RESERVATION FORM			
(One Form Per Camper Site – Ex: If reserving two sites fill out one form per reservation & attach together)			
<input type="checkbox"/> 50 amp Hook Up (Very Limited)		<input type="checkbox"/> 30 amp Hook Up	
NAME:	E-MAIL ADDRESS:	Date:	
ADDRESS:			Trainer (if applies):
City:	State:	Zip:	Phone: Cell:
Preferred Site Location:	Length of Camper/Motor Home: _____ # of Slides _____ Locations of Slides _____		
Special Request:			

STALL/CAMPSITE RESERVATIONS MUST BE PREPAID AND ARE NON-REFUNDABLE. STALLS/CAMPSITES WILL NOT BE ASSIGNED WITHOUT PAYMENT. All Checks will be DEPOSITED upon Receipt of Forms.

Method Payment:	Check	# _____	Total Amount \$ _____	Money Order	Total Amount \$ _____
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Thanks for your Reservations and we hope you have a great time at the shows. WPQHA Show Committee

OFFICE USE ONLY	POSTMARKED:	Form of Payment: _____	Amt Paid \$ _____
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Send Your Completed Reservation Form and Payment To :

WPQHA OFFICE
 % Pat Fuchs
 219 Leech Road
 Greenville, Pennsylvania 16125
 (724) 588-6010 Office Phone (724) 588-0948 Office Fax