



2019 STALL & CAMPER SITE RESERVATION FORM

WPQHA MEMORIAL DAY CIRCUIT - MAY 24-25-26-27, 2019

STALL RESERVATIONS MUST BE PREPAID AND ARE NON-REFUNDABLE.

RESERVATION DEADLINES: MEMORIAL DAY RESERVATIONS BY May 1st

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 Tack Stalls	Total # of Camper Sites	Total Enclosed
<input type="checkbox"/> Memorial Day Circuit (Arriving on 5/23 rd thru 5/27 th)	\$ 125.00	\$125.00	_____	_____	_____	_____
<input type="checkbox"/> (Arriving before May 23 rd)	\$25 per Stall / \$25 per Camp.Site /per night		_____	_____	_____	_____

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

NOTE: MUST BE PRE-ARRANGED If you will be arriving prior to May 23rd. If you require early check-in the amount is \$25.00 per stall per night. CAMPSITE RATE IS \$25.00 / PER CAMP SITE PER NIGHT.

Any questions please call before sending forms in.

2019 WPQHA MEMORIAL DAY 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)

2019 WPQHA MEMORIAL DAY 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 \$ _____	Cash / Credit	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