

RESERVATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Please reserve ___ stalls at \$ 150.00 each for April 17 – 20, 2019.

Please reserve ___ stalls at \$ 150.00 each for April 25 – 28, 2019.

Please Stable With: _____

Please reserve ___ RV spots at \$35.00/night for ___ nights of April 17 – 20, 2019.

Please reserve ___ RV spots at \$35.00/night for ___ nights of April 25 – 28, 2019.

Please reserve ___ shavings at \$ 8.00 each for April 17 – 20, 2019.

Please reserve ___ shavings at \$ 8.00 each for April 25 – 28, 2019.

Additional RV or Horse nights – early arrival/layover Sunday & Monday @ \$30/night

Other (Entry fees, etc.) _____ Amount: _____

Total Charges: _____

4% convenience fee will be added to all charges.

Please send reservations to:

Spring Fling Shows

c/o Karen Randall

4456 Ridge Rd

Lockport, NY 14094

Fax: (716) 741-4086 or email

randallkaren254@gmail.com

PAYMENT: Check or money order (in U.S. funds) Visa Master Card Discover American Express

Card # - - -

3 or 4 digit CSV #: Expiration Date: / Billing Zip:

Cardholder's Phone: _____

Cardholder Name (please print) _____

Cardholder Signature: _____