

# Stabling Request Form

Fill out and RETURN WITH YOUR ENTRY



Must be received by  
October 10, 2008

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF ARRIVAL \_\_\_\_\_ DATE OF DEPARTURE \_\_\_\_\_

PLEASE STALL WITH \_\_\_\_\_

Stalls: Duration of show \_\_\_\_\_ @ \$150 each \$ \_\_\_\_\_

If stalling the nights of  
October 24 & 25 only \_\_\_\_\_ @ \$45/stall/night \$ \_\_\_\_\_

(Day fee \$25/day. All horses must have a stall or a day fee will be charged per day on grounds.)

**Please attach another page if all stalls do not fit on this form.**

HORSE	OWNER	TRAINER

ADDITIONAL FEED, TACK OR GROOMING STALLS \_\_\_\_\_ NEEDED

TOTAL # OF STALLS NEEDED \_\_\_\_\_

*Mail or fax entry & stall forms to:*

**SWRHA**

**13181 US Hwy 177**

**Byars, OK 74831**

Payments must be sent with this form as stalls are limited.

No outside shavings permitted - feed and shavings available on site.

Every horse MUST have a stall or day fee paid for each day.

**580-759-2572 Fax 580-759-3999**

**ALL STALLS MUST BE RESERVED WITH PAYMENT IN FULL - BY OCTOBER 10!**

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## SWRHA MEMBERSHIP APPLICATION

*Owner & Rider must be SWRHA members to be eligible for SWRHA awards*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

\$25 Individual

\$35 Family

\$200 Lifetime

Please include all participating family members and their NRHA numbers:

Membership Valid from January 1 through December 31

Mail to: Southwest Reining Horse Association P.O. Box 801 Whitesboro, TX 76273