

STALL RESERVATION FORM

CONTESTANT: Please complete the following information. Give **WHITE** copy of the form to your State/Province Secretary with a check made payable to your state/province high school rodeo association. Keep **YELLOW** copy of the form for your records.

DEADLINE FOR ALL STALL RESERVATIONS IS JUNE 23, 2023!!

PLEASE PRINT

Contestant's Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Cell Phone Number: _____

Check NHSFR Events You Are Entering:	
<input type="checkbox"/> Barrel Racing	<input type="checkbox"/> Pole Bending
<input type="checkbox"/> Goat Tying	<input type="checkbox"/> Breakaway Roping
<input type="checkbox"/> Tie-Down Roping	<input type="checkbox"/> Steer Wrestling
<input type="checkbox"/> Team Roping	<input type="checkbox"/> Queen Contest
<input type="checkbox"/> Cutting	<input type="checkbox"/> Reined Cow Horse

Only **ONE** stall per contestant per event qualified in (Rough Stock events excluded).

TWO stalls allowed for **STEER WRESTLING & CUTTING** events.

Extra stalls available – \$265 Each – **NO** guarantee of location or stall type - **NO TACK STALLS ALLOWED!**

STALL REQUEST:

Mare	Stud	Gelding	Type of Stall	Total #	Price Each	Total
			Covered Stall for Contestant Horse		\$179.00	
			Covered Stud Stall for Contestant Horse		\$190.00	
			Extra Stalls - NO tack stalls allowed		\$265.00	
			Totals			

Stalls will be assigned by State/Province except for stud stalls. All stalls will be outdoor, covered with dirt footing. Stall mats will not be available for rent on grounds. Bring your own!

PRICE INCLUDES 3 BAGS OF SHAVINGS. ALL CONTESTANT HORSES REQUIRED TO BE STALLED ON GROUNDS FOR SECURITY REASONS. (local rental horses not required to stall on grounds - need to follow horse check in/check out procedures)

IMPORTANT: Stall refunds will **NOT** be given after deadline except for two reasons: **MEDICAL DRAWOUT** or **VET DRAWOUT**. Stalling decisions of the NHSFR Committee, Rodeo Coordinator and Stalling Committee **ARE FINAL**.

By signing, you agree to the information provided above:

Date: _____ Contestant's Signature: _____

ATTENTION STATE/PROVINCE SECRETARIES:

Send all **WHITE** copies of your state/province's stall orders with **ONE** check for the total amount due and made payable to the NHSRA to: 12011 Tejon Street, Suite 900, Denver, CO 80234.

FOR OFFICIAL USE ONLY				
DATE RECEIVED:	<input style="width: 95%;" type="text"/>	AMOUNT RECEIVED:	<input style="width: 95%;" type="text"/>	
STALLS ASSIGNED:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>