



Sept. 24-Sept. 27,
2020

2020 IQHA FALL CLASSIC STALL RESERVATION FORM

Iowa State
Fairgrounds



Stall Reservation Name _____
(group you are stalling with)

Person Paying: _____ Phone#: _____

Address/City/State/Zip Code: _____ Email: _____

Stalling: (the office will not split tack stalls, please do this among your group)

Please check which barn you would like your stalls in

- Main Horse Barn East Barn (Ranch Horse Futurity)

Please list the names of those included in this reservation &
of stalls each
Continue list on the back if needed.

Early Bird Discount (paid or postmarked by/on Sept.5, 2020)

Total # Stalls _____ @\$110/stall = \$_____

Regular Stall Rate (paid or postmarked on Sept.6, 2020 or later)

Total # Stalls _____ @\$125/stall = \$_____

Shavings (pre-order your shavings so they are at the stalls when you arrive)

Total # Shavings _____ @\$7.50 each = \$_____

Pre-Bed Service

Total # of Stalls _____ @ \$10/stall = \$_____

NO REFUNDS AFTER SEPT. 15
UNLESS THE SHOW IS
CANCELED

TOTAL DUE = \$_____

Estimated Arrival Date _____ **am or pm (circle one)**

Early arrivals (before Tuesday at noon) need to have prior arrangements made with Jackie

Diamond Sponsorship @\$150= _____ (preferred stalling location request-separate check please)

How to list sponsorship _____

*Note: Stall locations cannot be guaranteed until stall reservation and payment &/or sponsorship (2 separate checks) have been received & confirmed. Stall locations are handled on a first paid/first choice basis. Please include first and second choices for your stall location.

1st Choice _____ 2nd Choice _____

No outside bedding. An additional fee of \$75/stall may be charged if found bringing in outside shavings.

Office use:

Stall Request: _____

Pstmrk _____ By _____

Ck \$ _____ Ck# _____

Payment

Make checks payable to IQHA

Mail check along with form to:
Jackie Kincaid
1516 Summer Park Dr.
Ankeny, IA 50021

Contact Information

Barn Manager & Stall Reservations
Jackie Kincaid (515) 991-5094

Email: jzkincaid2@hotmail.com
Label Subject as "Fall Classic"
www.iowaquarterhorse.com

See showbill for more information

Credit Card Payment (A 4% credit card fee will be applied)

Credit Card Number | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |

Expiration Date: _____ Security Code: _____ Billing Zip Code _____

Signature: _____ Print Name: _____