

CAP GUN STALL RESERVATION FORM
HORSES MAY NOT ARRIVE BEFORE 12 NOON ON TUESDAY, JUNE 13, 2017
June 14-18, 2017
Alliant Energy Center, Madison, Wisconsin

NAME OF THE RESPONSIBLE PARTY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Exhibitors who contribute a \$100.00 sponsorship will be given preference on stall and camping location.

TOTAL NUMBER OF STALLS _____ X \$125.00 _____ = \$ _____ TOTAL

TOTAL SHAVINGS @ \$7.50 per bag _____ X _____ = \$ _____ TOTAL

TOTAL PELLETS @ \$7.50 per bag _____ X _____ = \$ _____ TOTAL

SPONSORSHIP @ \$100.00 = \$ _____

If you are a sponsor, where would you prefer to have your stalls

Located? _____

(This is first come-first serve.)

TOTAL \$ _____

TRAINERS: PLEASE PROVIDE THE OFFICE WITH A WORKSHEET SHOWING HOW YOU WANT THE CHARGES BROKEN DOWN AMONG YOUR CUSTOMERS AND YOU.

MAKE CHECKS PAYABLE TO: **CAP GUN CIRCUIT**

METHOD OF PAYMENT: CHECK NUMBER: _____

CREDIT CARD TYPE: _____ MASTERCARD _____ VISA _____ AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

MAIL FORM TO:

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EMAIL FORM TO:

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