

**NORTHERN COUNTIES QUARTER HORSE ASSOCIATION
2008 STALL RESERVATION**

Stall Reservation Deadline: May 1, 2008 (postmark)

STALL RESERVATION PROCEDURE: Stalls will be pre-assigned by the show committee. Complete payment must be sent with reservations. **Telephone requests will not be accepted as a reservation-payment only guarantees stalls.** Exhibitors wishing to stall together please note on stabling list. Since temporary stalls must be ordered 10 days in advance, **there will be absolutely no refunds on stalls cancelled within 5 days of the show. NO EXCEPTIONS.** Stall fees are payable in US Funds only. **No shavings will be provided. Baled shavings need to be pre-ordered, see show flyer for details.** **Trainers: Please list clients that will be stabling with you on the back of form**

Show Dates: _____ Number of Stalls: _____ @ \$85.00 each Total \$ _____

Name: _____ Phone: _____

Address: _____

Trainer: _____ Phone: _____

Please stable me with: _____

2008 CATTLE RESERVATION & PRE-PAYMENT

Cattle Reservation Deadline: May 1, 2008 (postmark)

Cattle Reservation Procedure: To ensure a fresh cow for all cattle classes, please make your reservation and pre-payment using this form. Exhibitors **will be billed** for cattle costs for ordered but unused cattle even if you scratch the class. If you have any questions, please call the show secretary at 503-539-7909.

Show Dates: _____ Name: _____

Phone: _____ Address: _____

Trainer: _____ Phone: _____

Cattle Charges are as follows: Cutting \$60.00, Working Cowhorse \$15.00, Roping \$10.00

CUTTING: FRI. Go's: _____ **SAT. Go's:** _____ **SUN. GO'S:** _____ **Total # Go's:** _____
*****Cutting cattle charge of \$60.00 per class is required to guarantee fresh cattle. Late entries for cutting subject to cattle availability. Refunds will not be allowed. NO EXCEPTIONS.**

WORKING COWHORSE: FRI. GO'S: _____ **SAT. GO'S:** _____ **SUN. GO'S:** _____ **TOTAL #:** _____

HEADING/HEELING: FRI. GO'S: _____ **SAT. GO'S:** _____ **SUN. GO'S:** _____ **TOTAL #:** _____

TIE DOWN ROPING: FRI. GO'S: _____ **SAT. GO'S:** _____ **SUN. GO'S:** _____ **TOTAL #:** _____

RV RESERVATION FORM

Name: _____ Phone: _____

Size of RV Space needed: _____

Number of nights: _____ **Total:** _____ **\$20.00 per night**

****Payment must be received 1 week prior to the show to guarantee a RV space. RV passes will be in the office. All passes must be displayed in the RV or double the fee will be charged.**

**Make checks & mail to: NCQHA, PO Box 408, Gresham, OR 97030 503-539-7909
FAX 503-554-0678**