

STALL FEES FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

NUMBER OF HORSES: _____

PLEASE CHECK THE DAY(S) OR NIGHT(S) YOU NEED STALL(S) AND NUMBER OF STALLS NEEDED:

___ Tues. Night September 12th Number needed: ___

___ Wed. Night September 13th Number Needed: ___

___ Thurs. Night September 14th Number needed: ___

___ Fri. Night September 15th Number needed: ___

___ Sat. Night September 16th Number needed: ___

**DAY: Day use only Night: Coming in during the day and
Spending the night**

Number of Stalls _____ Day or Night X \$25 = \$ _____

Horse Show(s) you are attending: _____

****Make Checks Payable to: Santa Cruz County Fair**

**Mail Checks to: Santa Cruz County Fair
2601 East Lake Avenue
Watsonville, CA 95076
(831) 724-5671**

