

RESERVATION FORM FOR PHBA TRAVELING BOOTH

APA Requesting Reservation: _____

Date(s) of Requested Reservation: _____

Name of Equine Event/Function: _____

Address of Equine Event/Function: _____

Name & Address of Person Responsible for Receiving Booth & Return Shipping of Booth.
(PO Box cannot be used for shipping).

NAME _____

ADDRESS _____

City/State/Zip _____

AC/Phone# _____ AC/Fax# _____

E-mail address _____

APA/Responsible person will be billed for all repairs to Booth if damaged at their Event.

Signature of Responsible Party: _____ Date _____

PHBA will provide prepaid shipping manifest. Please mail or fax this form and the Reservation Form for the Equine Event to PHBA.

Approved by PHBA Chief Operating Officer: _____ Date _____

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