

MIHA STATE MEET RESERVATION FORM

TEAM NAME: _____

TEAM DIVISION: _____ DISTRICT: _____ REGION: _____

HEAD COACH: _____

PHONE: _____ EMAIL: _____

NUMBER OF RIDERS COMPETING.....
1) TOTAL RIDER REGISTRATION (# OF RIDERS X \$30.00):.....

NUMBER OF HORSES (USED FOR COMPETITION):.....

NUMBER OF STALLS (INCLUDING HORSE AND TACK STALLS):.....
2) TOTAL COST OF STALLS (# OF STALLS x \$80.00):.....

SHAVINGS (NUMBER OF BAGS):.....
3) TOTAL COST OF SHAVINGS (# BAGS x \$9.00):.....

CAMPING

A. NUMBER OF CAMPING SITES – WEDNESDAY.....
B. NUMBER OF CAMPING SITES – THURSDAY.....
C. NUMBER OF CAMPING SITES – FRIDAY.....
D. NUMBER OF CAMPING SITES – SATURDAY.....
E. TOTAL:.....
4) TOTAL COST OF CAMPING (TOTAL CAMPSITES x \$50.00).....

NUMBER OF PATTERN BOOKS:.....
5) TOTAL COST OF PATTERN BOOKS (# X \$5.00):.....

NUMBER OF GOLF CARTS: (FIRST COME, FIRST SERVE):.....
6) TOTAL COST OF GOLF CARTS (# X \$180.00):.....
7) TOTAL AMOUNT DUE: (ADD LINES 1-6):.....

SINGLE CHECK MADE OUT TO MIHA

LENGTH OF ALL CAMPING, MOTOR HOMES, 5TH WHEELS, ETC. (EXAMPLE: 4 UNITS – 5TH WHEELS/TRUCK 36')

NOTE: Once reservation form is submitted, your team is obligated to pay for all items you have reserved. Your team will not be allowed to compete until all of the fees are paid in full.

DATED: _____ Coach Signature: _____

FORM FIELDS ARE FILLABLE USING ACROBAT READER. TYPED COACH'S SIGNATURE IS ACCEPTABLE.

Save and attach completed form and email to CHAMPS@MIHA.ORG

