



# Individual Day Box Seat Reservation Application

64th Annual Scottsdale Arabian Horse Show

February 14-24, 2019

## Scottsdale Box Seat Options:

Day Session(s)	\$25.00/seat x _____ day(s) = \$ _____
Evening Session(s)	\$25.00/seat x _____ day(s) = \$ _____
Evening Session (Sat, 23 <sup>rd</sup> )	\$35.00/seat x _____ day(s) = \$ _____
	Total: \$ _____

I would like box seats for the following days: *Please see schedule to verify day and evening sessions*

Day: \_\_\_\_\_ Circle One: Day or Evening

Day: \_\_\_\_\_ Circle One: Day or Evening

Day: \_\_\_\_\_ Circle One: Day or Evening

Day: \_\_\_\_\_ Circle One: Day or Evening

*Due to limited box seating, seats will not be assigned until all VIP Patron seating has been assigned. Box seat assignments will be on a first come first serve basis. Confirmation will be sent the first part of February.*

*PLEASE NOTE: Credit cards will not be charged until we can confirm seating is available.*

I would like my Box Seat ticket to be placed at Will Call for pick-up when I arrive at the show.

I would like for my Box Seat ticket to be mailed to the address listed below.

## **Agreement:**

This agreement is entered into on this date \_\_\_\_\_ between the Arabian Horse Association of Arizona (AHAA), a non-profit Arizona corporation and:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Payment Method:**

Charge my **American Express, MasterCard, Visa** (circle one) for the amount of \$ \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCV Code: \_\_\_\_\_

Name on the card: \_\_\_\_\_ Signature: \_\_\_\_\_

**AHAA, P.O. Box 13865, Scottsdale, AZ 85267 or fax to 480-515-1122 ~ arabian@scottsdaleshow.com**