

# PRE-SHOW FEED & BEDDING ORDER, HORSE WATCH

## DELIVERY INFORMATION

Trainer's Name \_\_\_\_\_  
(Trainer's Name - Not Farm Name)

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_

Stable With \_\_\_\_\_  
(If different from Trainer above) (Trainer's Name - Not Farm Name)

# COACHELLA DESERT CIRCUIT



## ORDER INFORMATION

Shavings _____ (45 bags in a pallet)	Hay (Timothy) _____		
Hay (Alfalfa) _____ Hay (Bermuda) _____	Hay (Orchard) _____		
Omolene 100 - _____ (10% Sweetfeed)	Omolene 200 - _____ (14% Sweetfeed)	Omolene 400 _____ (12% Complete Advantage)	
Impact _____ (10% Pellet)	Purina Equine Senior _____	Purina Strategy GX _____	Purina Strategy _____ Healthy Edge
Oats _____	Bran _____	Beet Pulp _____	
Ultium _____	Alfalfa & Molasses _____	Alfalfa Cubes _____	Super Sport _____
Amplify _____	Well Solve _____	Enrich Plus _____	4-Way _____

## BILLING INFORMATION - PLEASE READ CAREFULLY

**1. IF BILLED TO TRAINER:** Enter Trainer's Name (DO NOT Use Farm Name) TRAINERS PLEASE NOTE: You may split your charges for feed and bedding among your customers after arrival. This must be done in the show office by Friday of each horse show week. You should advise your customers that these charges will be on their horse show bill and that they should not check out until after you have split your charges. Only the total dollar amount will be split, i.e., we will not split specific quantities of shavings or hay to each customer. However, you may charge different dollar amounts to your customers to account for individual usage.

Bill To: Trainer Name \_\_\_\_\_  
(Trainer's Name - Not Farm Name)

**OR**

**2. IF BILLED TO INDIVIDUAL:** Enter Horse Name (of horse entered in show), Owner Name and Trainer Name.

Bill To: Horse Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Trainer Name \_\_\_\_\_  
(Trainer's Name - Not Farm Name)

**ALL PRE-SHOW ORDERS  
MUST BE ON THIS FORM**

**PRE-ORDERED FEED TAKES PRECEDENCE  
SAME DAY ORDERS WILL BE DONE LAST**

**YOU MAY SEND THIS FORM WITH YOUR ENTRIES OR FAX AT A LATER DATE**

During to the Horse Shows please fax to 760.399.1952. You may also place your order online at HitsShows.com.

**ENTRIES MAY NOT BE FAXED**

**DO NOT PHONE IN FEED ORDERS**

Ordered By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## HORSE WATCH

(Please complete this form. Horse Watch is provided to all. See Rules and Regulations.)

Trainer _____	Cell _____
Arrival Date _____ Depart Date _____	Farm Name _____
Hotel Name or On-site RV description _____	Rm/Lot # _____ Hotel Ph _____
Emergency Contact 1 _____	Cell _____
Hotel Name or On-site RV description _____	Rm/Lot # _____ Hotel Ph _____
Emergency Contact 2 _____	Cell _____
Hotel Name or On-site RV description _____	Rm /Lot # _____ Hotel Ph _____