

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)

NATIONAL SUNSHINE SERIES



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% Extruded	
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 _____