

# 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)



**HITS**  
CHICAGO, IL

## ORDER INFORMATION

Shavings \_\_\_\_\_ Hay (Timothy) \_\_\_\_\_  
(45 bags in a pallet)

Omolene 200 - \_\_\_\_\_ Impact 12% \_\_\_\_\_  
14% Sweetfeed Textured

Purina Equine \_\_\_\_\_ Purina Strategy \_\_\_\_\_  
Senior Active GX Healthy Edge

Bran \_\_\_\_\_ Beet Pulp \_\_\_\_\_ Ultium \_\_\_\_\_

Alfalfa Cubes \_\_\_\_\_

## 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 cus-

tomers 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 OR SUBMITTED  
ONLINE AT HITSSHOWS.COM**

**DO NOT PHONE IN FEED ORDERS**

## YOU MAY SEND OR FAX AT A LATER DATE

During to the Horse Shows please fax to 708.304.2493 or email to [LamplightStabling@HITSShows.com](mailto:LamplightStabling@HITSShows.com).

You may also place your order online at [HITSShows.com](http://HITSShows.com).

## ENTRIES MAY NOT BE FAXED OR MAILED

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

## HITS HORSE WATCH

(Please complete this form. Horse Watch is a mandatory service. See Rules & Regulations.)

**Trainer** \_\_\_\_\_

Arrival Date \_\_\_\_\_ Depart Date \_\_\_\_\_

Hotel Name or  
On-site RV description \_\_\_\_\_

**Emergency Contact 1** \_\_\_\_\_

Hotel Name or  
On-site RV description \_\_\_\_\_

**Emergency Contact 2** \_\_\_\_\_

Hotel Name or  
On-site RV description \_\_\_\_\_

Cell \_\_\_\_\_

Farm Name \_\_\_\_\_

Rm/Lot # \_\_\_\_\_ Hotel Ph \_\_\_\_\_

Cell \_\_\_\_\_

Rm/Lot # \_\_\_\_\_ Hotel Ph \_\_\_\_\_

Cell \_\_\_\_\_

Rm /Lot # \_\_\_\_\_ Hotel Ph \_\_\_\_\_