

**STATE CHAMPIONSHIP SHOW
STABLING ASSIGNMENT REQUEST**

REGION COMPETITORS STALLS WILL BE GROUPED TOGETHER

Use this form **ONLY** to request proximity to a (1) shared tack stall, (2) a shared horse, (3) a competitor who is a family member with a different last name, or (5) horses that are stabled together at home.

This is **NOT** the Stall Reservation form.

Name _____ Region _____

Mailing Address _____

City _____ Zip _____

Email address _____

Telephone (_____) _____ Home Cell

Names shown above and below are to be a competitor's name.

I am sharing a Tack Stall with _____

I am sharing a horse with _____

Please stable me next to:

First name _____ Last Name _____

First name _____ Last Name _____

Special needs/circumstances:

MAIL WITH ENTRY FORM TO:

SCS

P.O. BOX 30864, STOCKTON, CA 95213

MUST BE POSTMARKED NO LATER THAN SEPTEMBER 5TH