



2024 Equine Housing Reservation Form

Site Opens Sunday, May 19 at noon. Depart No Later Than Tues, May 28 by 9am.
 MAIL to: Bishop Mule Days, 1141 North Main St., Bishop, CA 93514
 SCAN & EMAIL To: showsec@muledays.org FAX to: 760-872-2328

Reservation Deadline for Seniority consideration is **March 15, 2024**. All reservations filled on a first-come first-serve basis. To be housed together, reservations must be received together on this form. Multiple payments are accepted, using this form and payment must accompany this form to be accepted.

Name Of Person Ordering Stalls/Corrals

NAME: _____

Mailing Address: _____

City _____ State _____ Zip _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

Housing Types & Fees

Box Stall - rubber mats & shavings - \$200

Tack Stall - rubber mats, no shavings. Minimum 3 equines listed below required to share one - \$250

Shaded Corral - 12ftx12ft pipe panel walls, (overhead roof, tree or shade cloth) w/rubber mats & shavings - \$185

Shaded Cattle Pens - Slightly larger, permanent pipe walls, (tree and/or shade cloth) w/rubber mats & shavings - \$190

Shaded Open Corrals - 12ftx12ft pipe panel walls, overhead shade cloth, dirt and/or grass floor, open sides - \$165

Unshaded Corral - 12ftx12ft pipe panel walls on grass and/or dirt, no shavings - \$160

| EQUINE NAME (as on entry form) | Owner Name | Who is Paying? | Housing Type 1st choice | 2nd choice |
|--------------------------------------|------------|----------------|-------------------------|------------|
| <u>Indicate any Jacks after name</u> | | | | |
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ | _____ |
| 11. _____ | _____ | _____ | _____ | _____ |
| 12. _____ | _____ | _____ | _____ | _____ |
| 13. _____ | _____ | _____ | _____ | _____ |
| 14. _____ | _____ | _____ | _____ | _____ |
| 15. _____ | _____ | _____ | _____ | _____ |

EQUINE HOUSING PAYMENT FORM

| Name of Person Paying for stalls/corrals | Tack Stall | # Stalls | #Box Stalls | # Shaded Corrals | # Open Corrals | # Unshaded Corrals | Check Num- |
|--|------------|-----------------|-------------|------------------|----------------|--------------------|------------|
| <i>Example:</i> John Smith | | | | 2 | 2 | | |
| Card # _____ | | Exp. Date _____ | | CVV Code _____ | | Zip Code _____ | |
| Cardholder Phone# _____ | | | | Signature _____ | | | |

| | | | | | | | |
|-------------------------|--|-----------------|--|-----------------|--|----------------|--|
| Card # _____ | | Exp. Date _____ | | CVV Code _____ | | Zip Code _____ | |
| Cardholder Phone# _____ | | | | Signature _____ | | | |

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|-------------------------|--|-----------------|--|-----------------|--|----------------|--|
| Card # _____ | | Exp. Date _____ | | CVV Code _____ | | Zip Code _____ | |
| Cardholder Phone# _____ | | | | Signature _____ | | | |

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|-------------------------|--|-----------------|--|-----------------|--|----------------|--|
| Card # _____ | | Exp. Date _____ | | CVV Code _____ | | Zip Code _____ | |
| Cardholder Phone# _____ | | | | Signature _____ | | | |

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|-------------------------|--|-----------------|--|-----------------|--|----------------|--|
| Card # _____ | | Exp. Date _____ | | CVV Code _____ | | Zip Code _____ | |
| Cardholder Phone# _____ | | | | Signature _____ | | | |

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|-------------------------|--|-----------------|--|-----------------|--|----------------|--|
| Card # _____ | | Exp. Date _____ | | CVV Code _____ | | Zip Code _____ | |
| Cardholder Phone# _____ | | | | Signature _____ | | | |

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|-------------------------|--|-----------------|--|-----------------|--|----------------|--|
| Card # _____ | | Exp. Date _____ | | CVV Code _____ | | Zip Code _____ | |
| Cardholder Phone# _____ | | | | Signature _____ | | | |

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|-------------------------|--|-----------------|--|-----------------|--|----------------|--|
| Card # _____ | | Exp. Date _____ | | CVV Code _____ | | Zip Code _____ | |
| Cardholder Phone# _____ | | | | Signature _____ | | | |