



# MARCH 20 - APRIL 7

GREAT SOUTHWEST EQUESTRIAN CENTER  
KATY, TEXAS

## CREDIT CARD FORM

**Thank you for participating in the 74th Pin Oak Charity Horse Show!**

To pay by credit card for your entries and other expenses, please complete this form and submit it along with your entry form(s) and RV/stall request forms.

**ALL FIELDS MUST BE COMPLETED AND FORM MUST BE SIGNED.**

**BREED**  American Saddlebred  Hunter  Jumper

**HORSES** \_\_\_\_\_

**TRAINER'S NAME** \_\_\_\_\_

**OWNER'S NAME** \_\_\_\_\_

**COMPANY** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

American Express  Visa  Mastercard

**NAME ON CARD** \_\_\_\_\_

**CREDIT CARD NUMBER** \_\_\_\_\_

**EXP DATE** \_\_\_\_\_ **CCV** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

I authorize Great Southwest Equestrian Center to debit my account for all checked expenses for the total amount of \$\_\_\_\_\_.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE SEND YOUR FORM PRIOR TO THE HORSE SHOW TO:**

**Pin Oak Charity Horse Show**  
Attn: Val Garza  
2501 S. Mason Road • Suite 100  
Katy, Texas 77450

**Email** val@pinoak.org  
**Fax** 281-578-6651  
**Questions** Val Garza • 210-870-4584  
pinoak.org



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GREAT SOUTHWEST EQUESTRIAN CENTER  
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## STALL, SHAVINGS, HAY, FEED & RV REQUEST FORM

**Closing date: March 5**

Week I, Week II & Week III

### ATTENTION ALL TRAINERS

- Completing this form assures shavings, hay and feed will be delivered to your assigned stalls before your arrival.
- Whole pallet (50 bags) shavings orders receive priority delivery. No returns.
- The accurate completion and prompt return of this form is essential in assuring your barn of reserved stabling.
- Stall & RV placement is given priority by level of sponsorship. \$10K+ sponsors are guaranteed Premier placements.
- All changes after the horse show begins for shavings, hay and feed must be made in the show office.

**ALL FIELDS MUST BE COMPLETED AND FORM MUST BE SIGNED.**

BARN NAME \_\_\_\_\_

TRAINER'S NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EXPECTED ARRIVAL DATE \_\_\_\_\_

	TOTAL # OF HORSE STALLS	TOTAL # OF TACK STALLS	TOTAL # OF SHAVINGS	HAY / FEED Note: Coastal, Timothy, Orchard or Alfalfa	TOTAL # OF PREMIER RV SPOTS 30 / 50 AMP	TOTAL # OF RV SPOTS ORIGINAL SECTION 30 / 50 AMP
WEEK I						
WEEK II						
WEEK III						

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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