



MARCH 18 - APRIL 5, 2020

GREAT SOUTHWEST EQUESTRIAN CENTER
KATY, TEXAS

CREDIT CARD FORM

Thank you for participating in the 75th 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



MARCH 18 – APRIL 5, 2020

GREAT SOUTHWEST EQUESTRIAN CENTER
KATY, TEXAS

STALL, SHAVINGS, HAY, FEED & RV REQUEST FORM

Closing date: March 3

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 (59 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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