

# 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)

# CULPEPER

HITS Commonwealth Park



## ORDER INFORMATION

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

Hay (T&A) \_\_\_\_\_

Omolene 100 - \_\_\_\_\_  
10% Sweetfeed

Omolene 200 - \_\_\_\_\_  
14% Sweetfeed

Omolene 400 \_\_\_\_\_  
(Complete Advantage)

Impact \_\_\_\_\_  
- 10% Pellet

Purina Equine Senior \_\_\_\_\_

Purina Strategy \_\_\_\_\_  
GX

Oats \_\_\_\_\_

Bran \_\_\_\_\_

Beet Pulp \_\_\_\_\_

Ultium \_\_\_\_\_

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

Purina Strategy \_\_\_\_\_  
Healthy Edge

## 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 customers 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**



# SMARTPAK™

**PLEASE  
DO NOT PHONE IN  
FEED ORDERS**

**YOU MAY SEND THIS FORM WITH YOUR ENTRIES OR FAX AT A LATER DATE**

During the Horse Shows please fax to 540.827.1175. You may also place your order online at HitsShows.com.

**ENTRIES MAY NOT BE FAXED**

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

## HITS HORSE WATCH

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

Trainer \_\_\_\_\_ Cell \_\_\_\_\_

Arrival Date \_\_\_\_\_ Depart Date \_\_\_\_\_ Farm Name \_\_\_\_\_

Hotel Name or  
On-site RV description \_\_\_\_\_ Rm/Lot # \_\_\_\_\_ Hotel Ph \_\_\_\_\_

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

Hotel Name or  
On-site RV description \_\_\_\_\_ Rm/Lot # \_\_\_\_\_ Hotel Ph \_\_\_\_\_

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

Hotel Name or  
On-site RV description \_\_\_\_\_ Rm /Lot # \_\_\_\_\_ Hotel Ph \_\_\_\_\_