

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)

SAUGERTIES
 HITS-on-the-Hudson



ORDER INFORMATION

Shavings _____	(45 bags in a pallet)			
Hay (Timothy) _____	Hay (Alfalfa) _____			
Omolene 100 - 10% Sweetfeed _____	Omolene 200 - 14% Sweetfeed _____			
Omolene 400 (12% High Fiber Sweet Feed) _____	Impact - Pellet 10% _____	Impact - 12% Sweet Feed _____	Purina Equine Senior _____	
Purina Strategy GX _____	Purina Strategy Healthy Edge _____	Oats - Crimped _____	Bran _____	
Beet Pulp with Molasses _____	Ultium _____	Alfalfa Cubes _____	Dengi _____	
Amplify _____	WellSolve LS _____	Enrich Plus _____	Super Sport _____	

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)

**ALL PRE-SHOW ORDERS MUST BE
 ON THIS FORM OR SUBMITTED
 ONLINE AT HITSSHOWS.COM**

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)

**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 845.246.2289. 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 _____