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)

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 ___________ Amplify ___________ Enrich Plus ___________ 

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)

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 __________________________