



Stalling and Camping Reservation Form

Contact Name: _____

Contact Cell #: _____

Contact Address: _____

Contact Email Address: _____

RV/Trailer length: _____ Slideouts: Yes No License plate number: _____

**All horses are required to have a 30 day health certificate and will be asked to fill out a health declaration form upon arrival on grounds.*

STALLING

10x10 stalls (includes rubber mats and 2 bags of shavings)

Weekend - **\$60/stall** x _____ (# of stalls) = \$ _____
Weekend rate includes stall Thurs, Fri, & Sat nights – Sunday night not included.

Per night - **\$30/stall/night** x _____ (# of stalls) = \$ _____

Additional Shavings – **\$7/bag** x _____ (#of bags) = \$ _____

RV CAMPING

Electrical hookups located behind barns

(No water/dump available on site. Restrooms and showers located in the barn)

50Amp hook up - **\$30/night** x _____ # of nights = \$ _____

30Amp hook up - **\$25/night** x _____ # of nights = \$ _____

20Amp hook up - **\$20/night** x _____ # of nights = \$ _____

Total for Stalling and RV Camping = \$ _____

Stalls and RV are reserved on a first come first serve basis and not reserved without payment. No portable pens allowed.

Reservations Due by Friday, October 18th, 2019

RETURN INFORMATION

Please return forms and payments to Kara Mahlmeister (checks to The Ranch)
Email: mahlmeka@co.larimer.co.us Phone: (970) 619- 4011
The Ranch Events Complex Attn: MSCF Stalls 5280 Arena Circle Loveland, CO 80538



RAM

MOUNTAIN STATES

CIRCUIT FINALS RODEO

Declaration Health Form

ONE TRAILER PER DELCARATION FORM

**All horses are required to have a 30 day health certificate and will be asked to fill out a health declaration form upon arrival on grounds.*

Contact Information:

Responsible Party (person in charge of horse(s) at the event): _____

Cell Phone: _____ Email: _____

Address: _____

Dates on site: _____

Horses in Shipment:

Name of Horse	Name of Owner	Health Certificate #	Sex	Color

Origin Information (Event from which horse(s) last attended):

Event: _____ State: _____

Dates: _____

Horse Health Declaration:

I, _____ declare that the horse(s) name above has/have been in good health, with body temperature below 102 degrees F, eating normally and has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event.

Print Name: _____ Date: _____

Signature: _____