

**Week 1 & 2 - FIELDSTONE SPRING FESTIVAL MAY 8-12, & MAY 15-19 2019**  
**PRE-ENTRIES CLOSE APRIL 22, 2019**

**STALLS WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY CREDIT CARD OR CHECK**

Choose your week/weeks:  May8-12  May15-19 / \$100 discount on stalls doing both weeks

**NOTE TO TRAINERS: In order to have an accurate stall count for your barn,  
 please list all individuals stabling with you.**

Tent Stalls per week (Premium TentsStalls)  \$300.00    Red Barns  \$250.00 - No refunds on stabling  
 Limited # of Paddocks  \$300.00 per week    RV Parking  \$350.00 per week

TRAINER NAME \_\_\_\_\_ ARRIVAL DATE \_\_\_\_\_

TRAINER CELL # \_\_\_\_\_

HORSE'S SHOW NAME	OWNER NAME	
1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>
9. _____	_____	<input type="checkbox"/>
10. _____	_____	<input type="checkbox"/>
11. _____	_____	<input type="checkbox"/>
12. _____	_____	<input type="checkbox"/>
13. _____	_____	<input type="checkbox"/>
14. _____	_____	<input type="checkbox"/>
15. _____	_____	<input type="checkbox"/>
16. _____	_____	<input type="checkbox"/>
17. _____	_____	<input type="checkbox"/>
18. _____	_____	<input type="checkbox"/>
19. _____	_____	<input type="checkbox"/>
20. _____	_____	<input type="checkbox"/>
21. _____	_____	<input type="checkbox"/>
22. _____	_____	<input type="checkbox"/>
23. _____	_____	<input type="checkbox"/>
24. _____	_____	<input type="checkbox"/>
25. _____	_____	<input type="checkbox"/>

CHECK  
HERE  
FOR  
STALLS  
BOTH  
WEEKS

**PRE-ORDER (ALL PRE ORDERS MUST BE ON THIS FORM NO PHONE ORDERS)**

SHAVING \_\_\_\_\_ HAY \_\_\_\_\_ GRAIN \_\_\_\_\_

**CREDIT CARD AUTHORIZATION FORM / FIELDSTONE SHOW PARK We Except all Major Credit Card**

CREDIT CARD NUMBER: \_\_\_\_\_ CV#: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ AMOUNT TO BE CHARGED \$ \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

CHARLENE BROWN 22 SOUTHMAYD STREET NEWPORT RI 02840

CINNBAYINC@AOL.COM

HOME: 401 849-2696 FAX 401 848-2985 (ALL FAXES MUST BE ACCOMPANIED BY A CREDIT CARD)