

## OKTOBERFEST PASO FINO SHOW 2024 TABLE REQUEST FORM

## \*\*\* NO PHONE REQUESTS WILL BE ACCEPTED \*\*\* Tables MUST be reserved with full payment via email

## NAME YOU WISH TO DISPLAY ON

TABLE:				
( ) New Year Paso Festival Table		@ \$125=	\$	
SPECIAL REQUESTS:				
Special requests cannot be guaranteed.				
CREDIT	CARD AUTHO	RIZATION		
Master Card ( ) Visa ( ) American Express ( )	Discover ( )			
Master Card ( ) Visa ( ) American Express ( )  Account #			Sec	urity Code
	Exp Date:			
Account #	Exp Date:			
Account # Name on Credit Card:	Exp Date:City		State	Zip
Account #  Name on Credit Card:  Address:  Telephone# Home ( )  E-Mail:	Exp Date:		State	Zip
Account #  Name on Credit Card:  Address:  Telephone# Home ( )	Exp Date: City Cell (		State	Zip
Account #  Name on Credit Card:  Address:  Telephone# Home ( )  E-Mail:  I/we hereby authorize Ocala Paso Fino Horse A	Exp Date: City Cell (  ssociation to chain	)s	State	Zip

Please note that credit cards will be charged upon receipt of this form.

\*\*4% Credit Card Processing Fee added to all Credit Card transactions\*\*

Email this form to: ocalapfhashows@gmail.com