



Mississippi
Charity Horse Show



P.O. Box 22707 Jackson, MS 39225

HOSPITALITY TABLE RESERVATION FORM

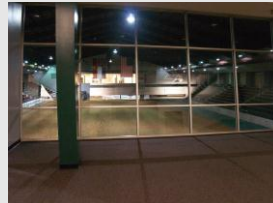
Name: _____

Address: _____

Phone: _____ Email: _____

Hospitality Table Reservation Fee: **\$1,000** per table (total for all 3 nights)

- Includes:
- * 8 chairs per table
 - * Admittance to the VIP glass room overlooking the show ring for a meal each night.
 - * 16 tickets each night per table for drinks at cash bar



I would like to reserve _____ # of hospitality table(s).

Please make check payable to the Mississippi Charity Horse Show.

Mail check and completed Hospitality Table Reservation Form to:

Mississippi Charity Horse Show
P.O. Box 22707
Jackson, MS 39225

For more information, contact Carol Lackey at (931) 639-1199 or info@mscharityhorseshow.com.

I agree to pay for the number of requested hospitality tables listed above upon the signing of this form. As long as tables are available, The Mississippi Charity Horse Show will reserve the requested number of hospitality table(s) upon receipt of completed form and check. Table fee is only refundable if tables are not available.

Signature: _____ **Date:** _____

Association Use ONLY:

Date Form Received: _____

Date Check Received: _____ *Check #* _____ *Check Amount \$* _____

Table Reservation Available: *Yes* *Table Location Assigned (table #):* _____

No *Date Check Returned:* _____ *By:* _____