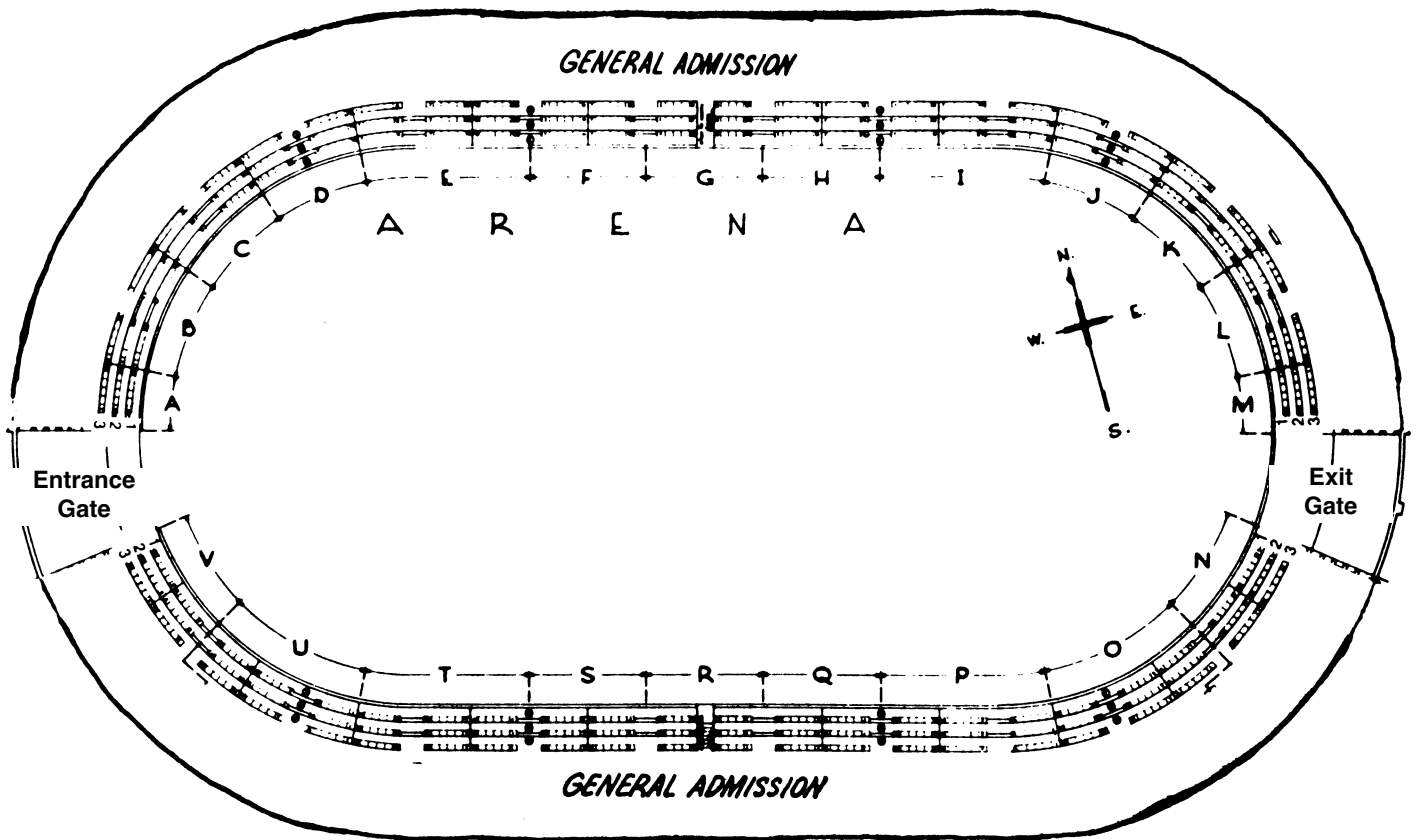


# MIDWEST CHARITY HORSE SHOW BOX SEAT FORM



Date: \_\_\_\_\_ Set of Box Seats (6) ..... \$175 # of Boxes \_\_\_\_\_  Bill Me  Payment Enclosed

Box Seat Holder's Name \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone \_\_\_\_\_

How designated on signage \_\_\_\_\_

\* Requests for Box Seats will be accommodated as space allows. Contact: [mchsboxseats@gmail.com](mailto:mchsboxseats@gmail.com)

\* Local facility capacity limits and restrictions may impact access to seating

Make checks payable to: MIDWEST CHARITY HORSE SHOW.

P.O. Box 9828, Springfield, IL 62791.

[www.midwestcharity.com](http://www.midwestcharity.com)