

SHAVING FORM

Number of Shavings Needed:

Name of Responsible Party:

Phone Number:

Please note that payment of shavings need to be in by 8/15/07 or shaving will not be guaranteed

\$6.00 PREORDERED

\$7.00 IF NOT PREORDERED

Fax 973-383-7302 or email showinfo@pjchorseshow.com

If the shaving are going to other then the responsible party please note _____