



**Battle Of The Breeds
Shavings Order**

Name of Person Ordering: _____

Trainer Name: _____

Cell Phone: _____

Credit Card: _____ Security Code # _____ Exp _____

Billing Address: _____ Zip Code _____

of bags _____ x \$10.55/Bag = \$ _____

Total Amount Due: _____

Send Shavings Order To:

southwestshowmgmt@gmail.com

Southwest Specialties P.O. Box 1060 Apache Junction, AZ 85117

Office Use Only

Order Date: _____ Paid _____

Barn # _____ Stall # _____