

GROUP STALL & SHAVINGS RESERVATION FORM

To be filled out by trainer if more than 6 stalls being reserved.

| | | | |
|---------------------------|--|---------------|--|
| BARN/TRAINER NAME: | | | |
| PHONE: | | EMAIL: | |

HORSE OR TACK STALLS ARE \$25 PER NIGHT ~ SHAVINGS ARE \$8 PER BAG
 THIS FORM MUST BE SUBMITTED BY THE TUESDAY BEFORE THE SHOW TO GUARANTEE SHAVINGS
PLEASE LIST HORSE/TACK STALLS IN THE ORDER IN WHICH YOU WANT THEM STALLED
 Fill out and email to shellyedson@aol.com.

| | HORSE'S SHOW NAME | EXHIBITOR LAST NAME(S) | # SHAVINGS |
|----|-------------------|------------------------|------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
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| 20 | | | |