TRAINERS HORSE / STALL SHEET

NAME OF SHOW:_____

TRAINERS NAME:_____**TRAINERS CELL:**_____

TRAINERS EMAIL:_____ **TACK STALL FEE:** _____

 # OF TACK STALLS_____ **# OF CLIENTS**_____

TACK STALLS MUST BE PAID IN FULL BY ONE PERSON. NOT SPLIT ON CHECKS YOU SEND IN FOR YOUR CLIENTS & TACK STALLS WILL NOT BE SPLIT & BILLED AT THE SHOW. ONLY PAID TACK STALLS ARE GUARANTEED. PREBEDDING MUST BE PAID DIRECTLY TO THE PERSONS DOING THE BEDDING.

***NOTE If payment is not made at the time of reservation, post entry stall fee will be charged on your statement

TRAINER IS RESPONSIBLE FOR ALL CLIENTS FEES NOT PAID. PLEASE PROVIDE YOUR CREDIT CARD NUMBER TO BE CHARGED SHOULD YOUR CLIENT NOT BE PRESENT TO PAY

_____-_____-_____-_____ EXP:_____ 3 #'S ON BACK _____ Billing Zip Code:_____

Signature:_____ Date_____

BACK #	NAME OF OWNER/RIDER	REGISTERED NAME OF HORSE	ADDITIONAL CHARGES $35 PER DAY FOR EARLY ARRIVAL OR STAYING OVER AN EXTRA NIGHT	IS THE HORSE ENTERED IN THE SHOW YES / NO	TOTAL AMOUNT TO PAY
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	
			☐ EARLY ARRIVAL/STAY OVER	[ ] YES [ ] NO	