

CANADIAN EVENTING - STABLING FORM

EVENT NAME:				DATE:					
RIDER:				TEL: HOME -					
				TEL: CELL-					
Please Stable with :									
<i>STABLING REQUIREMENTS – Please complete all sections and indicate nights stabling</i>									
NAME OF HORSE	Stallion/ Mare/ Gelding	DATES STABLING REQUIRED	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Approximate Time of Arrival:				Need Tack Stall?		YES		NO	
Rider staying at:				Telephone:					
Person attending the Event with you:				License /Description of Horse Van:					
Number of bags of Shavings requested: (cost & availability at discretion of individual Organising Committee)									

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