

# CANADIAN EVENTING - STABLING FORM

EVENT NAME:	DATE:								
RIDER:	TEL: HOME - TEL: CELL-								
Please Stable with :									
<b>STABLING REQUIREMENTS – Please complete all sections and indicate nights stabling</b>									
NAME OF HORSE	Stallion/ Mare/ Gelding	DATES STABLING REQUIRED	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Approximate Time of Arrival:			Need Tack Stall?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
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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