

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 <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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