CANADIAN EVENTING - STABLING FORM

EVENT NAME: DATE:									
RIDER:	DER: TEL: HOME - TEL: CELL-								
Please Stable with :									
STABLING REQUIREMENTS – Please complete all sections and indicate nights stabling									
NAME OF HORSE	Stallion/ Mare/ Gelding	-	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Approximate Time of Arrival:				Need Tack Stall?			YES		NO
				Need lack Stall?					
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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