

STALL REQUEST FORM

NAME:

TRAINER / STALL WITH:

CONTACT NUMBER:

CONTACT EMAIL:

SHOW DATE (CIRCLE ONE)

SEPT OCT NOV DEC FEB MAR APR MAY

Haul In (circle one)

YES NO

Tack Stall (circle one)

YES NO

HORSE NAME		SHAVINGS #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
TOTAL NUMBER OF STALLS _____		X \$40.00 = _____
TOTAL # OF BAGS OF SHAVINGS: _____		X \$12.00 = _____
TOTAL:		_____

PLEASE EMAIL YOUR COMPLETED STALL FORM TO: president@pbposse.com

Stalls are booked on a first come, first served basis. Stall and shavings fees are **NON-REFUNDABLE** after Tuesday before the show date.