



USEA Stabling Form

Event Name: _____ Date: _____
Rider Name: _____ Phone: _____



Stable with: _____
(Please use one unique name for your group. Show management will do their best to match up individual names).

Special needs/requests: _____

Please complete all sections below. Place check marks in appropriate box, indicating the nights stabling is needed.

| Horse Name | Stallion/Mare/Gelding | Height | Dates Stabling Required | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|------------|-----------------------|--------|-------------------------|-----|-----|-----|-----|-----|-----|-----|
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Need a Tack Stall? Yes No

Approximate Time of Arrival: _____
Rider Staying at: _____ Phone: _____
RV/Camper Hook-ups (if available): Yes No Fee: \$ _____
Transport is: Small Trailer Large Trailer or Van
If available, I prefer: Straw Shavings

Stalls \$ _____
Tack Stalls \$ _____
RV Hook-up \$ _____
Other \$ _____
TOTAL \$ _____

Make copies of this form as needed.

PAYMENT: Included with entry check. Separate check



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