



USEA Stabling Form

Event Name: _____ Date: _____

Name of Rider: _____ Phone: _____

Stable with (Name of person(s)) : _____

Special needs/requests: _____

OFFICE USE ONLY

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

Name of Horse	Stallion/Mare/Gelding	HT	Dates Stabling required	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Need a Tack Stall? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> 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

FEES:

Stalls \$ _____

Tack Stalls \$ _____

RV Hook-up \$ _____

Other \$ _____

Total \$ _____

PAYMENT: Included with entry check Separate check



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