

2017 TRAINER'S ENTRY OFFICE CHARGE SHEET

Date: _____

Name Stalls Reserved By: _____

Number Of Stalls Reserved: _____ **Number of Tack Stalls** _____

Number of Camper Spots: _____

Total Number Shavings: _____

STALLS/ CAMPER SPOTS/ SHAVINGS CHARGED AS FOLLOWING:

Back #	Name – (Responsible Party)	Stalls	Share Tack	Shavings	Electric
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*****FOR OFFICE USE ONLY*****

of Tack Stalls ____ **Split Between # of People** ____ **Charge \$**_____

Trainers - Please leave a check at the office with this form for payment of unpaid balances on accounts.