2018 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.