



OXRIDGE AT OLD SALEM
STALL RESERVATION FORM

Barn Name /Trainer: _____ Cell: _____
Stable With: _____ Arrive Date: _____

Horse Name:	# Stalls	Owner Name:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
TOTALS:		

TOTAL # OF SHAVINGS: _____ TOTAL # OF HAY: _____

*Make checks payable to: Old Salem Farm OR Send in Credit Card Authorization
All stall fees must be paid by close of entries.*