

OLD SALEM FARM SEPTEMBER STALL RESERVATION FORM

Barn Name / Trainer:______Stable With:______

_Cell:____ Arrive Date:____

WK WK WK

| Horse Name: | WK 1 | WK 2 | WK 3 | Owner Name: |
|----------------------|---------|---------|-----------------|-------------|
| | STALLS | STALLS | SIALLS | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| TOTALS | | | | |
| TOTAL # OF SHAVINGS: | | TOT | л <i>#</i> ОЕ Н | ۸۷. |

TOTAL # OF SHAVINGS: _____ TOTAL # OF HAY:___ STALLS \$275 -NON REFUNDABLE AFTER CLOSING DATE Make checks payable to: Old Salem Farm OR Send in Credit Card Authorization All stall fees must be paid by close of entries.