

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.