



OLD SALEM FARM SEPTEMBER
STALL RESERVATION FORM

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

Horse Name:	WK 1 STALLS 9/13-18	WK 2 STALLS 9/20-24	WK 3 STALLS 9/28-2	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: _____

STALLS \$325 PER WEEK-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.