

EHSC Stabling Form
For Combined Test, Mini Trials or Dressage Show

Rider's Name: _____

Horse's Name: _____

Stable with: _____

(Circle) S M G / Friday night Saturday night

Tack Stall \$ _____ Stall \$ _____ Total \$ _____

Shavings available for purchase (All stalls must be bedded)
Please use this form when stabling overnight for Shows / Clinics

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