

Stall Reservati on & Shavings Order Form

Trainer/Name of Group: _____ Total Number of Stalls: _____

Contact Number: _____ Total of Shavings: _____

Please specify which show you will need these stalls for: _____

Name under which stalls are to be billed under:	# of Stalls	# of Shaving
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
7.)		
8.)		
9.)		
10.)		

Please Mail form to:

Heather Calmes 3257 Woodfield Dr. Walworth, NY 14568

Any Questions please Call Heather @ (315)-538-8652 or Email @ hcalmes@rochester.rr.com

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