



# USEA Stabling Form

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Rider: \_\_\_\_\_ Phone: \_\_\_\_\_

Stable with (Name of person(s)) : \_\_\_\_\_

Special needs/requests: \_\_\_\_\_

OFFICE USE ONLY

Please complete all sections below. Place check marks in appropriate box, indicating the nights stabling is needed.

Name of Horse	Stallion/Mare/Gelding	HT	Dates Stabling required	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Need a Tack Stall? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No										

Approximate Time of Arrival: \_\_\_\_\_

Rider Staying at: \_\_\_\_\_ Phone: \_\_\_\_\_

RV/Camper Hook-ups (if available)     Yes     No    Fee \$ \_\_\_\_\_

Transport is:     Small Trailer     Large Trailer or Van

If available, I prefer:     Straw     Shavings

### FEES:

Stalls \$ \_\_\_\_\_

Tack Stalls \$ \_\_\_\_\_

RV Hook-up \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

PAYMENT:     Included with entry check     Separate check



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