

EB # _____

GROUP STABLE FORM

(office use)

TRAINER NAME _____

STABLE/FARM NAME _____

Phone # _____

Sponsored class or placed ad Yes No (circle one)

Owners Name	# of Box Stalls	# of Tack Stalls	Trainer Paying for Stalls- Check Box	Owner Paying for Stalls- Check Box
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
TOTAL # OF STALLS				

Location Preference _____

Number of horses for Early Arrival @ \$20 per horse _____