2024 WRHA TRAINER STALL RESERVATION FORM

TRAINER OR EXHIBITORS NAME:	
ADDRESS:	
CITY:	STATE & ZIP
PHONE:	EMAIL:
TOTAL # OF HORSE STALLS	# OF TACK STALLS

PLEASE NOTE: Please list owner information (or person responsible for paying) so that we can confirm that all stalls have been appropriately paid for
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LIST INDIVIDUALS OR TRAINERS TO STALL TOGETHER BELOW:

LIST HORSE OWNER	# of HORSE STALLS	TACK STALL Split/percentage	# of CAMPING	# of SHAVINGS