

Stabling Request Form

One, Two and Three Day Events



NOTE: ALL sections must be completed and the form returned to address stated in relevant event schedule.
 ONE form will cover total entry per event – see appropriate schedule.
 Any references to horse means horse/pony for the purpose of this form.

EVENT DETAILS	COMMUNICATIONS TO
Event:	Name: (Mr, Mrs, Miss, Title)
RIDER(S)	Address:
Rider(s)	Postcode
	Telephone:
	E-Mail:

STABLING REQUIREMENTS														
Name of Horse(s)	Sex <small>Mare, Gelding Stallion</small>	Class	Height	Stable Fee Per Night £	M	T	W	T	F	S	S	Type of Bedding <small>Where a choice is available</small>	Total Bedding £	Total (Fees + Bedding) £
					Please tick days required									
1														
2														
3														
4														
5														
6														
Please enclose a cheque for the total amount due (see schedule for details of who your cheque should be made payable to).													TOTAL AMOUNT DUE	£

EQUINE INFLUENZA VACCINATION	COMMUNICATION DURING THE EVENT
I certify that the above horse/horses have been fully vaccinated by a recognised veterinary surgeon against equine influenza in accordance with the current rules for British Eventing. You may be asked to produce valid certificates including all vaccinations at any time before stabling. Signed _____ Date _____	Mobile or Contact No. must be given

PLEASE STABLE MY HORSE(S) NEXT TO		ARRIVAL AND TRANSPORT	
Horse Name: _____ Rider: _____ Horse Name: _____ Rider: _____	Date of Arrival: _____ Approximate Time: _____ Own Caravan? YES <input type="checkbox"/> NO <input type="checkbox"/> Please state type of vehicle: _____ Approx overall length: _____		

RIDER IS ALSO RIDING	SPECIAL REQUESTS
Horse Name: _____ Ridden for: _____ Horse Name: _____ Ridden for: _____ Horse Name: _____ Ridden for: _____	_____ _____ _____ _____ _____

OFFICE USE ONLY	
Stabled at: _____	Confirmed: _____ Paid: _____ Cancellation Refund: _____