

STABLING REQUEST FORM ONE, TWO & 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)
	Address:
	Postcode
	Telephone:
	E-Mail:

STABLING REQUIREMENTS														
Name of Horse(s)	Sex Mare, Gelding Stallion	Class	Height	Stable Fee Per Night £	M	T	W	T	F	S	S	Type of Bedding Where a choice is available	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
<p>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.</p> <p>Signed _____ Date _____</p>	<p>Mobile or contact number must be given</p>
PLEASE STABLE MY HORSE(S) NEXT TO	ARRIVAL AND TRANSPORT
Horse Name: _____	Date of Arrival: _____ Approximate Time: _____
Rider: _____	Own Caravan? YES <input type="checkbox"/> NO <input type="checkbox"/>
Horse Name: _____	Please state weight category of vehicle: (Trailer, Non HGV or HGV)
Rider: _____	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: _____