

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 |
| <p>Horse Name: _____</p> <p>Rider: _____</p> <p>Horse Name: _____</p> <p>Rider: _____</p> | <p>Date of Arrival: _____ Approximate Time: _____</p> <p>Own Caravan? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please state weight category of vehicle: (Trailer, Non HGV or HGV) _____</p> <p>Approx overall length: _____</p> |
| RIDER IS ALSO RIDING | SPECIAL REQUESTS |
| <p>Horse Name: _____</p> <p>Ridden for: _____</p> <p>Horse Name: _____</p> <p>Ridden for: _____</p> <p>Horse Name: _____</p> <p>Ridden for: _____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

| OFFICE USE ONLY | |
|--|--|
| <p>Stabled at:</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Confirmed:</p> <p>_____</p> <p>Paid:</p> <p>_____</p> <p>Cancellation Refund:</p> <p>_____</p> |