



# PHC TRILLIUM

## STABLING FORM

June 22 - 24

July 20 - 22

Send this form, along with your entry forms to PHC: 1 800 466 7196 or thepickeringhorsecentre@gmail.com no later than midnight the Sunday prior to the show to reserve stalls. First-come, first served. All stalls come with First Bedding. Please Circle one of the above show dates.  
**Stabling fees are non-refundable after entry closing date: June 17 & July 15**

TRAINER: \_\_\_\_\_ STABLE ME WITH: \_\_\_\_\_

	HORSE NAME	OWNER/BILL TO	# OF STALLS	Overnight	F	S	SU
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b># OF ADDITIONAL SHAVINGS BAGS @ \$7.50 EACH</b>						
	<b>TOTAL DAY STALLS @ \$50 EACH (Come with first bedding)</b>						
	<b>TOTAL OVERNIGHT STALLS @ \$75 EACH</b>						
	<b>HST 13% #872224621</b>						
	<b>STABLING TOTAL \$</b>						

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_