

Arrival Day: \_\_\_\_\_

Arrival Time: \_\_\_\_:\_

Stall #s

## 2025 BEST Horse Shows Hay & Bedding Order Form

Barn Name:

Trainer Name:

Contact Person:

Phone #: Day:

Cell:

(provide cell number to reach contact at horse show)

E-mail Address:

Signature:

Make Checks Payable	То
BEST Horse Shows	

Mail Completed Form With Payment To: BEST Horse Shows c/o Stabling Manager P.O. Box 63 Harwood, MD 20776

Office Use Only			
Date Received:			
Check #			
Check Amount:			

<u>Item</u> Shavings (per bag)	Show Price \$11.00	Quantity ————	<u>Total</u>
Timothy Hay* (per bale)  * Price may very with bale	\$17.00 weight		
All costs are subject to change	•	<b>Total Cost</b>	

Stall No.	Horse Name (as entered in show)	Rider/Owner (as on entry form)	# of Shavings	# of Hay	Charge or Check Entry # #