



Billing/Trainer's Tab Sheet

Name Of Show: _____

Name: _____

Cell Phone Number on the Grounds: _____

STALLS: # of HORSE stalls _____ # of tack stalls _____ TOTAL # of stalls _____

Responsible Party? (Who is paying? Please list first & last name.)	Back # (If known)	Number of showing horse stalls	# of <u>NON</u> showing horses/Stalls	Split/Portion of tack stall	Arrival Date?	# of RV nights?
L1/Novice Show ONLY Customers - IF also showing Summer Kick Off list below						
GQHA Summer Kick Off Show						