



**SARATOGA CLASSIC PRE-SHOW
SARATOGA CLASSIC I AND II**

June 8-11 Total # of Stall

June 14-18 Total # of Stalls

June 21-25 Total # of Stalls

*A check or credit card
authorization form must
accompany this form.*

Barn Name: _____

Trainer Name: _____

Please list below all clients stabled with your group and use 2 pages if needed.

	Horse	Owner	# Stalls	Weeks		
				1	2	3
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

Notice: All forms must be signed. All changes must be made in writing.

Entries for the above stall reservations must be received by the entry closing date or the date of which stalls are sold out. No Exceptions.

Signature: _____ Date: _____

Phone Contact: _____