



**Saratoga Summer Special and
Saratoga Summer**

SSS: August 10-13 Total # of Stalls

SS: August 16-20 Total # of Stalls

Barn Name: _____

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

Trainer Name: _____

Please list all clients you want stabled with your group in the space below:

	Horse	Owner	# Stalls	July Week	
				1	2
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: _____