

# Overnight Stall Request Form

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Number of Stalls Needed: \_\_\_\_\_

Number of Shaving Bags: \_\_\_\_\_

Horse Name (s)	Breed	Age	Coggins (x)	Rabies (x)

Make Checks Payable to : Show Facility

Please Mail Entry Form(s) for all Horses with this form.

Please Attach Proof of Negative Coggins and Rabies for all Horses.

Mail To:     NEJA  
                   PO Box 2276  
                   Lewiston, Me. 04241-2276

	<i>Fees</i>
<i>Stalls \$50 per</i>	
<i>Shavings \$6.50 Per</i>	
<b><i>Total Fees Due:</i></b>	

