



Stall Reservation Form

June **July** **August** **September** circle one

Responsible Party_____

Horse Name_____

Arrival Day_____Departure Day_____

Horse Name_____

Arrival Day_____Departure Day_____

Horse Name_____

Arrival Day_____Departure Day_____

Horse Name_____

Arrival Day_____Departure Day_____

Horse Name_____

Arrival Day_____Departure Day_____

Mail To: Chris DeGidio, 3892 150th Ave, Bloomer, WI 54724

or email to chris@kurth-hvac.com, 715-829-1077

For Office Use

Date Received_____

Initials_____