

TRAINER STALL ASSIGNMENTS & CC INFO

Stall Location _____

PLEASE ASSIGN SPECIFIC STALL(S) TO EACH CLIENT

The following clients will be financially responsible for the following stalls:

NAME ON CARD: _____

CARD #: _____ 3-DIGIT CODE _____ EXP DATE _____

ADDRESS: _____

CITY AND ZIP CODE: _____

PHONE: _____ EMAIL: _____

STALL(S) # ASSIGNED: _____

NAME ON CARD: _____

CARD #: _____ 3-DIGIT CODE _____ EXP DATE _____

ADDRESS: _____

CITY AND ZIP CODE: _____

PHONE: _____ EMAIL: _____

STALL(S) # ASSIGNED: _____

NAME ON CARD: _____

CARD #: _____ 3-DIGIT CODE _____ EXP DATE _____

ADDRESS: _____

CITY AND ZIP CODE: _____

PHONE: _____ EMAIL: _____

STALL(S) # ASSIGNED: _____

NAME ON CARD: _____

CARD #: _____ 3-DIGIT CODE _____ EXP DATE _____

ADDRESS: _____

CITY AND ZIP CODE: _____

PHONE: _____ EMAIL: _____

STALL(S) # ASSIGNED:

Please return this form prior to your arrival via email @ Louri.Grover@oakviewgroup.com or drop it off at the Horse Park office when you arrive.