

Fieldstone Summer Showcase August 23-27, 2011 copy as needed

STABLING/FEED  
ORDER FORM

NOTE TO TRAINERS: IN ORDER TO HAVE AN ACCURATE STALL COUNT FOR YOUR BARN, PLEASE LIST ALL INDIVIDUALS STABLING WITH YOU.

TRAINER NAME \_\_\_\_\_ ARRIVAL DATE \_\_\_\_\_

TRAINER CELL # \_\_\_\_\_

PRE-ORDER SHAVING \_\_\_\_\_ HAY \_\_\_\_\_ GRAIN \_\_\_\_\_

	HORSE'S SHOW NAME	OWNER NAME
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____

**Mandatory Horse Watch / Please complete this form.**  
**Horse Watch is a mandatory service. (See Rules and Regulations.)**

Trainer Cell \_\_\_\_\_ Farm Name \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact 3 \_\_\_\_\_ Cell \_\_\_\_\_

CREDIT CARD AUTHORIZATION FORM / FIELDSTONE EQUESTRIAN



CREDIT CARD NUMBER: \_\_\_\_\_ CV#: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ AMOUNT TO BE CHARGED \$ \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ MAIL TO: 22 SOUTH MAYD ST

AUTHORIZED SIGNATURE \_\_\_\_\_ NEWPORT, RI 02840