HORSE NAME				
Owner's Name Address:		Trainer/Barn Name		
Phone:	Stall Reservations are REQUIRED – 630-373-9937			
E-Mail:				
,	ND TRAINER MUST BE MEMBER S FOR YEAR END AWARDS. SEE	RS AND ALL HORSES MUST BE RECORDED. F RULES FOR FULL DETAILS.	OUR SHOW	
Rider's Name		Fees: Single Membership	\$60.00	\$
		Family Membership	\$80.00	\$_
ass#		Medic Fee (Includes Friday Schoo	oling)	\$30
	j.	Office Fee	,g)	\$30
		Stall (if Split,) Tack Stall (if Split,) Stall Watch	\$80.00 \$80.00 \$5.00/day	\$ _ \$ _ \$ _
	Sunday	Shavings #	\$9.00	\$_
	<u> </u>	Grounds Fee (if no stall) Saturday/Sunday Schooling Flat Rate Schooling	\$40.00 \$20.00/day \$150.00	\$ \$ \$
		rial Rate Schooling		ф
		Post Entry Fee	\$25.00	\$

I have read and understand the above and agree to abide by it.

If under 18 years, Parent must sign:

Rider Signature: