



HORSE'S NAME	OWNER	TRAINER	ARRIVAL DATE	AMOUNT DUE

Stall Horses with, or near _____ Total Due\$ _____ Ck# _____

Contact Person: _____ Phone # _____ e-mail _____

To insure your reservation , this sheet and payment must be RECEIVED by April 10, 2010. **After that date late fees will be assessed.** No refunds without a veterinary certificate which must be submitted by April 30. Stalls do not include bedding. (See Bedding and Feed Form).

MAKE STALL CHECKS PAYABLE TO : CPHA/7CPHC
 MAIL TO: JANET RADFORD
 4261 Hillock Drive
 Placerville, CA 95667
 530-626-8154
 janrad@hughes.net