

Contact Number: (

Contact Number at show: ( )

## Kelt Capital Horse of the Year 2010 Stable Form To be sent with Entries

## Please read the stabling conditions carefully

Name:									Main Class Numbers Entered:		
Daytime contact number: ( )											
Show Contact number: ( )											
Email Address											
Travelling from the South Island: No/Yes											
NO DOGS ON THE SHOW GROUNDS											
Please indicate your numbers and preference.	Covered Showgroun	Covered Showgrounds		Covered Race Course		covered owgrounds	Uncovered Race Cour		Equestrian Park Yards		
Mare/s			1			S					
Gelding/s			+		<del>                                     </del>				<u> </u>		
Please enter Stallion/s Name											
Second Choice											
please (•)											
	Mon	Τι	ues	Wed		Thurs	Fri	Sat		Sun	
Arrival Date		$\perp$					<u> </u>	<u> </u>			
Departure Date											
Notes for stabling Administration				Office	use	only	Allocation		Date F	Received	
						-					
						-		-+			
						-		$\rightarrow$			
	CAMPI	NG	REQUE	EST – C	OM	PETITIORS	S ONLY				
Name:					Camping Area P			ower	•	Non-power	

Other

Karamu Road End

Behind Grandstand

Equestrian Park (\$20)