

Kelt Capital Horse of the Year 2009 Stable Form To be sent with Entries

Please read the stabling conditions carefully

Name:							Classes Entered:					
Daytime contact number: ()												
Show Contact number: ()												
Email address:												
Travelling from the South Island:		No			Yes							
NO DOGS ON THE SHOW GROUNDS												
Please indicate number of each		Covered Yards		ds	Yards		Notes					
Mare/s												
Gelding/s												
Stallion/s												
Please mark both first and second choices		Grounds		Polo Grow	Grounds yards		Race Co	Race Course Equest Park Y				
First Choice				_								
Second Choice												
Arrival Date	Mon	Tues	Wed		Thu		urs	Fri S		Sat		Sun
Departure Date												
Notes for stabling Administration		Offic		ffice	ce use only		Allocation			Date 1	Received	
Name: CAMPING REQUEST Camp							ping Aı	rea			Non-	
							(ple	ease tick)		Pov	wered	power
Contact awall and ()						-	Karamu Rd end					
Contact number: ()						Behind Grandstand						
							Other					