2024 BEST Horse Shows
Hay & Bedding Order Form

Barn # _____
Stall #s _____-_____
Arrival Day: _____
Arrival Time: ____:____

Barn Name: _____
Trainer Name: _____
Contact Person: _____
Phone #: Day: _____
Cell: _____
(provide cell number to reach contact at horse show)
E-mail Address:
_____
Signature: _____

Make Checks Payable To:
BEST Horse Shows
Mail Completed Form With Payment To:
BEST Horse Shows
c/o Stabling Manager
P.O. Box 63
Harwood, MD 20776

Office Use Only
Date Received: _____
Check #
_____
Check Amount: _____

Item	Show Price	Quantity	Total
Shavings (per bag)	$10.00	_____	_____
Timothy Hay* (per bale)	$15.00	_____	_____
* Price may very with bale weight			
All costs are subject to change at date of show		**Total Cost**	_____

Stall No.	Horse Name (as entered in show)	Rider/Owner (as on entry form)	# of Shavings	# of Hay	Charge Entry # or Check #

All pre-show hay and bedding orders must be on this form.
Please send this form with your entry forms.