# 2026 BEST Horse Shows
# Hay & Bedding Order Form

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: _____

Barn # _____

Stall #s _____-_____

Arrival Day: _____

Arrival Time: ____:____

| Item | Show Price | Quantity | Total |
|---|---|---|---|
| Shavings (per bag) | $11.00 | _____ | _____ |
| Timothy Hay* (per bale) | $17.00 | _____ | _____ |
| | | **Total Cost** | _____ |

* Price may very with bale weight

**All costs are subject to change at date of show**

| Stall No. | Horse Name (as entered in show) | Rider/Owner (as on entry form) | # of Shavings | # of Hay | Charge Entry # or Check # |
|---|---|---|---|---|---|
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**All pre-show hay and bedding orders must be on this form.**
**Please send this form with your entry forms.**