Office Use	Stall#	Rider #	Paid:

True Grit Saddle Club Stall Deposit Form

Name that stalls will be assigned to:			
Address:			
City:			
Day Phone: ()	Night Phone: ()	
Which show are you reserving stalls for (Junforms)	e or July):	(if botl	h, please fill out two
Number of Stalls:			
Number of Stalls X \$25 Deposit:	_		
If you plan to leave your stall(s)/would like to do	onate your deposit pleas	se make a	check mark here:
Cash:			
Check number:			
Important notes:			
*Deposits are required to reserve your stall(s). S	Stall payment will be tak	en at show	w registration.
*Stall refunds will not be given without a certific	ed veterinary letter.		
*Deposit Checks will be returned with satisfactor departure. If you plan to donate your deposit pl			d of show or upon your

- *If stalls are not cleaned and inspected by the True Grit stall committee your deposit check will not be
- *ALL horses on the property during the True Grit Horse Show must have a copy of a current negative coggins. This includes any horses not being shown. If you cannot present a current negative coggins test you will be asked to leave.

*Shavings are not provided please plan accordingly

Please send form and deposit check/cash to:

True Grit Saddle Club

P.O Box 147

refunded.

Grand Rapids, MN 55744

You will be notified when your deposit has been received and your stall is reserved.