# *Candy Apple Classic Horse Show*

Trainer: _____

Phone Number: _____

Email Address: _____

| Owner | Horse | Bags of Shavings: | Camper (Y / N) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Horse Stalls: _____

Tack Stalls: _____

Total Stalls: _____

Total Bags of Shavings: _____