

STALL SPLITS



TRAINER/BARN NAME: _____ TRAINER PHONE: _____

STALL NUMBERS MUST BE IN WHOLE AMOUNTS. DO NOT SPLIT STALLS INTO PORTIONS. USE ADDITIONAL SHEETS IF NEEDED.

<p># OF STALLS:</p>	<p>NAME: _____ PHONE: _____</p> <p><input type="checkbox"/> CHECK NUMBER _____ AMOUNT: _____</p> <p><input type="checkbox"/> CARD: Visa MasterCard Discover AmEx</p> <p>CARD NUMBER: _____</p> <p>EXP: ____/____ CVV2# _____</p> <p>NAME ON CARD: _____</p> <p>COMPLETE BILLING ADDRESS WITH ZIP CODE: _____</p> <p>_____</p> <p>4% WILL BE ADDED TO ALL CARD TRANSACTIONS</p>
<p># OF STALLS</p>	<p>NAME: _____ PHONE: _____</p> <p><input type="checkbox"/> CHECK NUMBER _____ AMOUNT: _____</p> <p><input type="checkbox"/> CARD: Visa MasterCard Discover AmEx</p> <p>CARD NUMBER: _____</p> <p>EXP: ____/____ CVV2# _____</p> <p>NAME ON CARD: _____</p> <p>COMPLETE BILLING ADDRESS WITH ZIP CODE: _____</p> <p>_____</p> <p>4% WILL BE ADDED TO ALL CARD TRANSACTIONS</p>
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I am the trainer or a party authorized to provide payment information on clients' behalf. All information is true to the best of my knowledge. I acknowledge that partially completed payment information will delay my reservation until all payment has been received.

Signature: _____ Date _____