Stanislaus County Fair Horse Stall Request Form



Club/Chapter Name: Leader (Responsibly Party): Leader Phone #:									
					Exhibitors Name	Horses Name	Dates Needed	Paid Check/Cash	Stan Co Receipt #
					1.				
2.3.									
3.									
4.									
4.5.6.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
Stalls Req	uested:	_							
# of Days @	9 \$7.00:	_							
Total A	mount								