STABLING AT KYALAMI EQUESTRIAN PARK

STABLING FORM

PLEASE FILL THIS FORM IN FULL

Banking Details: KPC, Nedbank, Nicolway, Acc. nr: 1522 037 454, Branch: 152205

Return to shows@kyalamipark.com

Tel: 010 023 0712

R250.00 per night/day per horse
Horses must leave the allocated stables by 10am on the day of Departure.

NAME OF HORSE		STALLION/ GELDING/ MARE	STATE DAYS REQUIRED (please fill in the date of arrival and departure)		TOTAL AMOUNT
				TOTAL	
HORSE/PON	Y (Please indicate	the breed)			
Rider Name			Cell No:		
Groom's Name:			Cell No:		
	ote that if you put e disqualified from		stable that is not alloo	cated to y	our horse
OWNER NAI	ME:				
TEL. NO's:	Home:				
	Work:				
	Cell:				
OWNER E-M	IAIL:				
EMERGENCY	CONTACT:				
SAEF PASSP	ORT NUMBER OF HOR	SE:			

IDENTIFICATION OF HORSE: _____