Item #	Fee Total	STABLE NAME:
# of Horses	x \$15 \$	Dilieu IV.
	\$	OWNER NAME:
# of Stalls	x \$55	
# of Horses	x \$20 \$	STREET:
# of Bags	x \$9	
# of Classes	x \$10 \$	CITY: STATE: ZIP:
	s s	
1st Night	x \$30 \$	PHONE NUMBER:
2nd Night	x \$15	
		EMAIL ADDRESS:
Check #		
TOTAL		
tion or KSHA		
e charged a \$40.00 handling fee	and must be replaced b	STATEMENT MIST BE SIGNEDIIII
		*The Kansas Saddle Horse Association shall not be held responsible for any personal injury or property damage
		occurring at any nambas saggie norse association activity. All classes will use the corresponding rules of the current KSHA rulebook.
		By Signing Below you are agreeing to the Above Statements:
Text: 316-200-5480 if	vou don't get	SIGN STATEMENT:
confirmation within 4	8 hours.	Signed Owner, Manager, or Trainer
	Stalls Stall From From	TOTAL \$ KSHA Summ to use PLEASE LIST IT. s must have coggins d # Fee