AN Equine PRODUCTION

Billing/Trainer's Tab Sheet

Name Of Show: _____

Name: _____

Cell Phone Number on the Grounds: _____

STALLS: # of HORSE stalls _____ # of tack stalls _____ TOTAL # of stalls _____

SHAVINGS Total number of shavings ordered _____

(Depending on the show – shavings MAY/MAY NOT be added to bill.)

Name	Back # (If known)	Number of horse stalls	Split/Portion of tack stall	# of NON showing horses/Stalls	Number of shavings