

The premier equestrian and outdoor lifestyle club

## STABLING FORM - SHONGWENI CLUB

## PLEASE COMPLETE THIS FORM AND RETURN TO

## admin@shongweniclub.co.za

NAME OF HORSE	STALLION/GELDING/MARE	STATE DAYS REQUIRED	
		ARRIVAL	DEPARTURE
		7 11 11 11 17 12	22.7
ADDIT	TIONAL REQUESTS		
GROOMS NAME			
GROOMS CELL NUMBER			
Please note we shall try to accommoda shavings bedding shall be supplied. Any	<u> </u>	urchased fr	
Cost: R310.00 first night, the	ereafter R230.00 per additio	nal night.	
IAME:			
ADDRESS:			
CONTACT DETAILS: HOME:	CELL:		
MAIL:			
PASSPORT NUMBER OF HORSE:			

IDENTIFICATION OF HORSE: