

2018 Classic Equine & Greg Olson Memorial Races

STALL RESERVATION FORM South Buckeye Equestrian & Event Center

Name on Reservation: _____

Address: _____

Contact Phone Number (____) _____

Contact Email: _____

CLASSIC EQUINE

Thurs, 1/4 – Sat, 1/6 – 3 nights \$60 X # of stalls _____ - Total \$ _____

Fri, 1/5 – Sat, 1/6 – 2 nights \$50 X # of stalls _____ - Total \$ _____

1 night \$25 x # of stalls _____ - Total \$ _____

GREG OLSON

Thurs, 1/11– Sat, 1/13– 3 nights \$60 X # of stalls _____ - Total \$ _____

Fri, 1/12 – Sat, 1/13 – 2 nights \$50 X # of stalls _____ - Total \$ _____

1 night \$25 x # of stalls _____ - Total \$ _____

ADDITIONAL NIGHTS AVAILABLE @ \$15 per night.

Please circle

Wed, Jan 3rd

Sun, Jan 7

Mon, Jan 8

Tues, Jan 9

Wed, Jan 10

Sun, Jan 14 #of nights _____ x \$15 x # stalls _____ - Total \$ _____

Payment must accompany reservation.

TOTAL \$ _____

Card Number: _____

Expiration Date: _____ CVV Code No. _____ (Visa/MC fee @ 5% of total)

Name of Cardholder: _____

Card Billing Address: _____

Checks Payable to: BRN4D ~ Mail to: BRN4D, 13159 S Leland Rd, Oregon City, OR 97045

Email: nancy@brn4d.com Fax: 503-656-8180