FEED & BEDDING PRE-ORDER FORM

Horse or Barn Name: __________________________________________

Trainer Name: ______________________________________________

Arrival Date: ________________________________

Stable With/Next to: __________________________________________

______________________Shavings (# of bags)

______________________Timothy Hay (# of bales)

______________________Straw (# of bales)

______________________Feed (specify items needed below)

Mail to: Chagrin Valley Hunter Jumper Classic
8129 Old Meadow Drive, Chagrin Falls, OH 44023

Signature is required for order to be placed.

________________________________________________________

Delivery will take place the day before or the morning of arrival.

Orders CANNOT be returned once delivered.