



TERRANOVA EQUESTRIAN CENTER™

RV FORM

NAME _____

PHONE () _____

EMAIL _____

BILLING TRAINER ACCOUNT - NAME _____

HORSE - NAME _____

CHECK _____

CREDIT CARD - CARD # _____

EXP: ____ / ____ CSC _____

RV INFORMATION

PRICE TYPE MOTOR HOME MAKE _____

SPOT: \$350 FIFTH WHEEL MODEL _____

PUMP-OUT: \$75 TRAVEL TRAILER PLATE _____

HORSE TRAILER

You will be assigned a space and name tags will be on each site.

SUBMIT TO:

Katilin Farmer

Email: kaitlin@splitrockjumpingtour.com

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