

RV FORM

Name _____

Phone _____

Email _____

Billing Trainer Account - Name _____
(if different than above)

Horse - Name _____

Check

Credit Card - Card # _____

Exp ____ / ____ CSC _____

Submit to:

Kaitlin Farmer

kaitlin@splitrockjumpingtour.com

Cell: 337.852.5620

Mail to:

Split Rock Jumping Tour

601 Lagonda Ave, Suite 170

Lexington, KY 40505

RV INFORMATION

Type Motor Home Fifth Wheel Travel Trailer Horse Trailer

Make _____ Model _____ Plate _____

Amp 30 amp 50 amp

Requested RV space _____

We will accomodate to the best of our ability

Contact Kaitlin to get on the pump out list
337.852.5620 or kaitlin@splitrockjumpingtour.com

You will be assigned a space. Contact Kaitlin, check the map or check for your name on the post.

Office use only