

Gilcrest Training Center

Stall Reservation Form

Please Return this form to:

Gail McIlmurray
Gilcrest Training Center
P.O. Box 250
Hale, Michigan 48739
989-469-4265 (Michigan)
352-463-3581 (Florida)

Full Name: _____

Home mailing address: _____

Home phone: _____ Cell: _____

_____ Number of **Full Season Stalls** requested (Stalls guaranteed)

_____ Number of **Monthly Stalls** requested (first come, first served)

_____ **Total** number of stalls requested

x \$100.00 Deposit per stall

\$_____ **Total stall deposit due**

For office use only. Do not write below.

Deposit Paid: \$_____

Date Received: _____

Received By: _____

Cash: _____

Check#: _____