

APPLICATION FOR IN SLIPS

Please fill out and leave with Race Office for approval.

DATE: _____

TRAINER: _____

DATE OF ARRIVAL: _____

PHONE NUMBER: _____

					FOR OFFICE USE ONLY			
HORSE'S NAME (NO NICKNAMES)	OWNER	AGE	COLOUR	SEX	AA FORMS YES	PAPERS YES	C TEST YES	AUTHORIZED
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTE: HORSES MUST BE ON STALL APPLICATION TO BE ELIGIBLE FOR AN IN-SLIP

Trainer's Signature: _____

Racing Secretary: _____