

APPLICATION FOR OUT SLIPS

Please fill out and leave with Race Office for approval.

TRAINER: _____

DATE: _____

PHONE NUMBER: _____

						FOR OFFICE USE ONLY			
HORSE'S NAME (NO NICKNAMES)	SIRE/DAM	OWNER	AGE	COL	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: _____