



TRAINERS REQUEST

DATE _____

MEETING _____

HORSE(S) _____

REASON FOR ABSENCE _____

TRAINERS NAME _____

LICENCE NUMBER _____

I request approval to leave the person stated below in charge of the abovementioned horse(s).

Signature of Trainer _____

PERSON TO BE LEFT IN CHARGE

NAME _____

LICENCE NUMBER _____

I have agreed with the trainer of the abovementioned horse(s) that, if approved by the Stewards, I will take charge of the horses for the entire meeting. I am aware that by agreeing to be the person left in charge of the horse(s) I may be held responsible for matters arising from the presentation or racing of the abovementioned horse(s) at this race meeting.

SIGNATURE _____

DATE _____

APPROVAL BY STEWARDS

NAME _____

SIGNATURE _____

DATE _____