



# ARIMA RACE CLUB ENTRY / DECLARATION FORM

RACE No: \_\_\_\_\_

RACEDAY \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

NAME OF HORSE

Vacc. Expiry Date \_\_\_/\_\_\_/\_\_\_

MAIN TRACK ONLY

TURF ONLY

ALTERNATE RACE No. \_\_\_\_\_

Entrance Fee: \$ \_\_\_\_\_

Entrance Fee: \$ \_\_\_\_\_

Claim Price : \$ \_\_\_\_\_

Claim Price : \$ \_\_\_\_\_

Name of Jockey : \_\_\_\_\_

Name of Jockey : \_\_\_\_\_

<b>OWNER/S NAME</b>	<b>TRAINER'S NAME</b>	<b>GROOM'S NAME</b>
		Lic No: _____

EQUIPMENT TO BE CARRIED						
<b>Blk</b>	<b>Visor</b>	<b>Tongue Tie</b>	<b>Hood</b>	<b>Eye Shield</b>	<b>Cheekpieces</b>	<b>Default</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>LASIX ADMINISTRATION</b>	<b>Lasix</b>	<b>Dosage</b>	<b>250mg</b>	<b>200mg</b>	<b>150mg</b>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Holder of Power of Entry  
(BLOCK LETTERS)

\_\_\_\_\_  
Signature of Power of Entry

\_\_\_\_\_  
Signature of Trainer

Phone Number \_\_\_\_\_

**NB:** This entry/declaration must be signed by :

1 – The Owner or his duly Authorised Agent if the horse is solely owned.

2 - In case of a Partnership by the person with whom the Power of Entry rests; or by an Authorised Agent appointed by such in writing.

I CERTIFY THAT AT THE DATE OF ENTRY THIS HORSE IS IN ACTIVE TRAINING; SOUND OF WIND AND LIMB AND IN MY OPINION HAS BEEN TRAINED TO PERFORM TO THE BEST OF ITS ABILITY.