



ARIMA RACE CLUB ENTRY / DECLARATION FORM

RACE No: _____

RACEDAY _____ DATE ____/____/____

NAME OF HORSE

Vacc. Expiry Date ____/____/____

ALTERNATE RACE No. _____

MAIN TRACK ONLY

TURF ONLY

Entrance Fee: \$ _____

Entrance Fee: \$ _____

Claim Price : \$ _____

Claim Price : \$ _____

Name of Jockey : _____

Name of Jockey : _____

OWNER/S NAME	TRAINER'S NAME	GROOM'S NAME
		Lic No: _____

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

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