



# ARIMA RACE CLUB ENTRY / DECLARATION FORM

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

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

NAME OF HORSE

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

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><br><input type="checkbox"/> | <b>Visor</b><br><input type="checkbox"/> | <b>Tongue Tie</b><br><input type="checkbox"/> | <b>Hood</b><br><input type="checkbox"/> | <b>Eye Shield</b><br><input type="checkbox"/> | <b>Cheekpieces</b><br><input type="checkbox"/> | <b>Default</b><br><input type="checkbox"/> |

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