



APPLICATION FOR IN & OUT SLIPS

Please Fill Out And Leave With Race Office For Approval.

Date: _____

Trainer: _____

Date Of Arrival: _____

Phone Number: _____

					FOR OFFICE USE ONLY			
Horse's Name (No Nicknames)	Owner	Age	Colour	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

Trainers's Signature: _____ Racing Secretary: _____