I agree to be bound by the Rules of Racing of the Channel Islands Racing and Hunt Club and the Jersey Race Club conditions.

Please note that there are no specialist equine hospital facilities available in the Channel Islands. In the event of Illness or Injury, immediate first aid will be managed by The Jersey Race Club Veterinary Surgeons present in line with local protocols.

..... *DATE* .....

SIGNATURE of Trainer, Owner or Authorised Agent

THE JERSEY RACE CLUB

JERSEY, Channel Islands
MONDAY 6th APRIL 2015

Please ensure that this form is completed in capital letters and is signed

ENTRIES CLOSE 12 NOON ON WEDNESDAY 18th MARCH 2015

NAME OF ENTRANT.....

Address.....

.....

.....

Tel No.....…..… Fax No.....

Email address .....

RACE	NAME of HORSE	AGE	COLOUR	SEX	PEDIGREE	OWNER'S NAME	COLOURS	TRAINER	FEE

ENTRIES TO BE SENT TO:

The Jersey Race Club, 2 The Hamlet, Beach Road, Grouville, Jersey, JE3 9HZ FAX: 01534 864136 - Email: secretary@jerseyraceclub.com
TEL: 01534 863484