

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



JERSEYRACING
MONDAY 26th AUGUST 2013
ENTRIES CLOSE 12.00pm:
WEDNESDAY 7th AUGUST 2013

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

Name: _____

Address: _____

Tel No: _____ Fax No: _____

Email address: _____

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