

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 21st APRIL 2014**

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

ENTRIES CLOSE **12 NOON ON WED 2nd APRIL 2014**

NAME OF ENTRANT.....

Address.....

.....

.....

Tel No..... Fax No.....

Email address

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