

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 25<sup>th</sup> AUGUST 2014**

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

ENTRIES CLOSE 12 NOON ON WEDNESDAY 6<sup>th</sup> AUG 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

**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](mailto:secretary@jerseyraceclub.com)  
 TEL: 01534 863484