

# TRAINER IN CARE OF APPLICATION



\_\_\_\_/\_\_\_\_/\_\_\_\_  
(DATE)

Email [trnt@trnt.org.au](mailto:trnt@trnt.org.au)

The Chairman of Stewards

\_\_\_\_\_ Turf Club

Dear Sir,

I, \_\_\_\_\_ being  
the registered trainer of the horse/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request permission for my horse/s to be placed in the care of:

Mr/Mrs/Ms/Miss \_\_\_\_\_  
(Appropriately Licensed Person (NT 78))

for the period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

which includes Race Meeting/s to be held at:

\_\_\_\_\_  
(NAME OF RACECOURSE OR CLUB)

On \_\_\_\_\_  
(DATE/S)

As required under AR109, and Thoroughbred Racing NT Local Rules 64 and 65.  
Trainers should ensure their nominated representative is qualified under NT 66.

Yours faithfully,

\_\_\_\_\_  
(SIGNATURE OF TRAINER)

\_\_\_\_\_  
(SIGNATURE OF NOMINEE)

|                   |
|-------------------|
| OFFICE USE ONLY   |
| RECEIVED BY ..... |
| DATE: .....       |
| ACTION:.....      |