

TRAINER IN CARE OF APPLICATION



____/____/____
(DATE)

Email 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:.....