

# TRAINER IN CARE OF APPLICATION



.....  
(DATE)

The Chairman of Stewards  
.....Turf Club

**GPO Box 589  
DARWIN NT 0801  
Ph: (08) 8944 7500  
Fax: (08) 8944 7533**

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 76 and 77.  
Trainers should ensure their nominated representative is qualified under NT 78.

Yours faithfully,

.....  
(SIGNATURE OF TRAINER)

.....  
(SIGNATURE OF NOMINEE)

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