OVERNIGHT STABLING AND ACCOMMODATION BOOKING FORM

RACECOURSE:		***************************************
DATE OF MEETING:	0.017444174442744	
NAME OF TRAINER:	= 	
 Trainers are asked 	d to be aware that horses declared	rses declared to run on
1)		
2)		
3)		
4)		
5)		
6)	•••••	

8)		***************************************
I would like to book	stables for the following tra	vellers
2)		***************************************
3)		
4)		
	ed: Paper / Shavings / Nothing	
I would like to book seed	ommodation for the following st:	aff (please state if any are your senior staff)
	1.50	
		m/f m/f
17700-11		
The state of the s		
		Date Of Departure
		Time of Departure
		Time of Exparting
122	13	
A STATE OF THE PROPERTY OF THE	formation which the racecourse	should be aware of:
***************************************	******************************	
Signature:		Date:

In accordance with Pules of Pacing - Trainer Manual (C) Part 3 - 42 1 this form

In the event of any difficulty please call the Clerk of the Course or the Stable Manager at the relevant racecourse

In accordance with Rules of Racing – Trainer Manual (C) Part 3 - 42.1 this form should be returned to the racecourse by no later than 1pm, on the day before racing.