

Permanent Mailing Address:

Name: Trainer
 Catch Driver _____
 Address: _____
 City/State/Zip: _____
 Phone #: _____



2019 Ship-In Application

87 racing programs from January 4 – May 6, 2019

For Office Use Only:

APPROVED: _____

DENIED: _____

NAME OF HORSE (Please Print)	AGE	GAIT	EXPECTED 1ST DAY IN BOX	DATE & PLACE OF LAST	CLASS OR CLAIMING PRICE LAST START (Use CD or CL)	OWNER(S) NAME AND STATE OF RESIDENCE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

All horses listed on this application are represented to be under the care and management and are the responsibility of the trainer signing same?

YES NO

Has trainer ever had a horse scratched or penalized due to a high pre-race or post-race blood-gas (TCO2) or excessive colbalt reading?

YES NO

Has trainer been charged with any other racing medication or rules violation that carried a penalty of 10 days &/or \$500 or more since January 1, 2010?

YES (attach details) NO

Signature of Applicant: _____

**Submit Application & Signed
 Waiver of Liability Form to: Miami
 Valley Gaming & Racing, LLC. Attn:
 Gregg Keidel, Race Secretary
 6000 SR 63, Lebanon, OH 45036
 Or Fax to: 513-409-5094**