Permanent Mailing Address:							
Name: Catch Driver —							
Address:							
City/State/Zip:							
Phone #:							



For Office Use Only: APPROVED: DENIED:

87 racing programs from January 2 – May 6, 2023

	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 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