

**APPLICATION FORM
FOR
ASSISTANT TRAINER'S PERMIT**

1. Name of Applicant

3. Telephone No:

2. Address of Applicant

4. Cellular No:

5. Fax No:

6. Email Address:

7. Date of Birth :..... 8. Current Age:.....

9. Nationality:..... 10. Place of Birth:

11. Name of Trainer to whom you will be an assistant.....

12. State Number of horses under his care.....

13. State other Occupation(s), if any.....
If more than one, please state all.....

14. State Name Address and Telephone No. of Employer(s).
.....
.....

15. If self employed, State Name Address and Telephone No. of Business
.....
.....

16. Type/Nature of Business
.....
.....

12. Have you ever been held any type of Licence with the Barbados Turf Club or any other Racing Authority.....
If yes, State the type of licence and where.....

13. Are you familiar with the Rules of Racing under the Barbados Turf Club.....

TRAINER'S DECLARATION

I, Trainer DECLARE that this applicant is know to me, to be of good character, and therefore would be willing to have him/her as my assistant-trainer under the Rules of Racing. I therefore recommend that an assistant-trainer's permit be granted to him/her.

Signature of Trainer:.....

Date:.....

APPLICANT'S DECLARATION

I the undersigned.....
(State full name)

hereby apply to the Stewards of the Barbados Turf Club for a Assistant-Trainer's Permit in accordance with the Rules of Racing of the Barbados Turf Club during the year 20.....

I hereby agree to submit to and be bound by the said Rules of Racing and all Regulations, Conditions and Instructions issued in connection therewith.

CONSENT TO DRUG TESTING (Rule 73(c))

I hereby consent to being tested for Banned Substances and Notifiable Medications measures by such Medical Practitioner(s) as authorised by the Barbados Turf Club, at anytime during the period of the 20..... Assistant Trainer's permit being issued to me by the Barbados Turf Club and for the results of such test to be made available to the Barbados Turf Club.

Signature of Applicant..... Date:.....

For Official Use Only:

Date Received		Receipt Number		Amount Paid		Cash	
						Cheque	
Received By		Approved		Not Approved			
Reason for being declined or Special instructions if any.							

Signatures:

..... Date:.....