

I agree to be bound by the Rules of Racing of the Channel Islands Racing and Hunt Club and the Jersey Race Club conditions.

Please note that there are no specialist equine hospital facilities available in the Channel Islands. In the event of Illness or Injury, immediate first aid will be managed by The Jersey Race Club Veterinary Surgeons present in line with local protocols.

..... DATE

SIGNATURE of Trainer, Owner or Authorised Agent

THE JERSEY RACE CLUB
JERSEY, Channel Islands
SUNDAY 16TH AUGUST 2015

Please ensure that this form is completed in capital letters and is signed

ENTRIES CLOSE 12 NOON ON WEDNESDAY 5TH AUGUST 2015

NAME OF ENTRANT.....

Address.....

.....

.....

Tel No..... Fax No.....

Email address

RACE	NAME of HORSE	AGE	COLOUR	SEX	PEDIGREE	OWNER'S NAME	COLOURS	TRAINER	FEE

ENTRIES TO BE SENT TO:

Jersey Race Club, 7 Le Champ Pres De L'Eglise, La Rue De La Sergente, St Brelade, Jersey, JE3 8SA
 FAX: 01534 864136 - Email: secretary@jerseyraceclub.com