**The Authority of the Channel Islands Racing & Hunt Club**

**(the “Authority**”)

**Registration of a Partnership under the Rules of Racing**

**Section 1: Horse Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of horse |  | Colour |  |
| Sire |  | Dam |  |
| Year of Foaling |  | Sex: Colt [ ]  Mare [ ]  Gelding [ ]  (please tick where appropriate) |

**Section 2: Partner Details**

|  |
| --- |
| **Partner 1** |
| Forename(s) |  | Surname |  |
| Address |  |
| Telephone |  | E-mail |  |
| Share | % |  Signature: |  | Date |  |

|  |
| --- |
| **Partner 2** |
| Forename(s) |  | Surname |  |
| Address |  |
| Telephone |  | E-mail |  |
| Share | % |  Signature: |  | Date |  |

|  |
| --- |
| **Partner 3** |
| Forename(s) |  | Surname |  |
| Address |  |
| Telephone |  | E-mail |  |
| Share | % |  Signature: |  | Date |  |

|  |
| --- |
| **Partner 4** |
| Forename(s) |  | Surname |  |
| Address |  |
| Telephone |  | E-mail |  |
| Share | % |  Signature: |  | Date |  |

**Section 3: Racecard Details**

|  |
| --- |
| **Colours** |
| Please nominate a Partner’s colours to use or indicate if new colours are to be registered in the name of the Partnership | Partner 1 [ ]  Partner 2 [ ]  Partner 3 [ ]  Partner 4 [ ]  New colours [ ] (please tick where appropriate – if new colours are to be used then a separate registration of colours form will need to be completed) |
| Please nominate which Partners’ will appear on the racecard | Partner 1 [ ]  Partner 2 [ ]  Partner 3 [ ]  Partner 4 [ ]  (please tick where appropriate) |
| Alternatively, the horse can race under a Partnership Name that will appear on the racecard. Please nominate for approval your partnership name in the space provided: |
| Partnership Name |  |
| The word “Partnership” will appear after the submitted name e.g. First Past the Post Partnership. |

**Section 4: Authority to Act – Nominate your Trainer**

This section allows the Partnership to nominate their selected authorised trainer to carry out various administration procedures on their behalf including updating horse in training information as well as making entries & declarations.

|  |
| --- |
| First Trainer |
| Trainer name |  |
| Trainer Address |  |
| Second trainer (if applicable) |
| Trainer name |  |
| Trainer Address |  |

**We authorise the Authority to release my contact details to my trainer(s) [ ]**

**PLEASE RETURN THIS FORM TO: Registry Office: Apartment 1, Sable Argente Apartments, La Route De St. Aubin, St. Helier, Jersey JE2 3SF OR EMAIL A SIGNED COPY TO** **STEWARDSSECRETARY@GMAIL.COM**

**CHEQUES SHOULD BE MADE PAYABLE TO: Channel Islands Racing & Hunt Club.**