**The Channel Islands Horseracing Authority**

**Horses Out of Training Form**

The following horses have left my care

|  |  |  |
| --- | --- | --- |
| Horse Name | Yr Foaled | Reason the horse is out of training(e.g. changed stable, retired, out at grass, exported, dead etc) |
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The Authority wish to remind Trainers that when a horse leaves their care the Passport must accompany the horse or be returned to the Authority

|  |  |
| --- | --- |
| Trainers Name |  |
| Signature\* |  | Date |  |

**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**