

MONTICELLO CASINO AND RACEWAY

STABLE REGISTRATION

Date: _____

Name of Trainer (print): _____ Workmans comp carrier: _____

Address : _____ Policy number: _____

_____ Expiration date: _____

Telephone Number: _____

Cell Number: _____

E-mail address: _____

Barn : _____

Location of Horses that are not stabled at Monticello Casino & Raceway: _____

Employees (Grooms)

1. _____ NYS License No. _____

2. _____ NYS License No. _____

3. _____ NYS License No. _____

4. _____ NYS License No. _____

5. _____ NYS License No. _____

Horses name

Owners name

1. _____

2. _____

3. _____

4. _____

5. _____

Please list additional horses on back page.

Signature of Trainer: _____