



BARBADOS TURF CLUB STARTING GATE REQUEST APPLICATION

Date:

Name of Trainer or Representative:

(PLEASE PRINT)

Requested Date:

TURF SAND

Name of Horse(s):

Track Levy #:

Starting Point:

1.

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5 7.8 9

2.

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5 7.8 9

3.

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5 7.8 9

4.

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5 7.8 9

5.

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5 7.8 9

6.

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5 7.8 9

7.

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5 7.8 9

8.

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5 7.8 9

Signature of Trainer or Representative:

Date:

Approved By:

Date:

N.B.: PLEASE DEPOSIT THIS FORM TO THE RACING OFFICE BY 3:00 P.M. PRIOR TO THE REQUEST DATE