

**EQUIPMENT REQUEST FORM**

Please tick the appropriate box:

Date:.....

FIRST EQUIPMENT REQUEST

AMENDMENT TO GEAR

Name of Horse: .....

Stable: .....

**I wish to declare the use/ withdrawal of the following Gear.**

|                                 | ON                       | OFF                      | REASONS |
|---------------------------------|--------------------------|--------------------------|---------|
| <b>Blinkers: (B)</b>            | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>B First Time: (B1)</b>       | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>B Again: (B+)</b>            | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>B Removed this time: (O)</b> | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>B One side : (B*)</b>        | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Visors: (V)</b>              | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Pacifiers: (P)</b>           | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Side Winkers: (S)</b>        | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Nose Band: (N)</b>           | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Crossed Nose-Band: (X)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Dropped Nose-Band: (D)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Head-Band: (H)</b>           | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Tongue Tie: (T)</b>          | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>T First Time: (T1)</b>       | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Earplugs: (E)</b>            | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Shoe Pads: (PS)</b>          | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Pricker: (@)</b>             | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Hood: (M)</b>                | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| <b>Compression Mask: (Z)</b>    | <input type="checkbox"/> | <input type="checkbox"/> | _____   |

**Special Bits (Approved by Stewards)**

|                                |                          |                          |       |
|--------------------------------|--------------------------|--------------------------|-------|
| <b>Basket Bit: (K)</b>         | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>Citation Bit: (C)</b>       | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>Gag Bit (Releveur): (G)</b> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>Nicholson Bit: (Y)</b>      | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>Tongue Bit: (U)</b>         | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>Crescendo Bit: (CR)</b>     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

**Any other equipment:** \_\_\_\_\_

\_\_\_\_\_  
**Trainer or Authorised Agent**

|   |
|---|
| <p><b>FOR OFFICE USE</b></p> <p>APPROVED</p> <p>NOT APPROVED</p> <p><b>STEWARDS' SIGNATURE:</b></p> |
|---|