



Horse Racing Division

EQUIPMENT REQUEST FORM

Race Meeting:

Please tick the appropriate box:

Date:

FIRST EQUIPMENT REQUEST

AMENDMENT TO GEAR

Name of Horse:

Stable:

I wish to declare the use of the following gear including additions and withdrawals.

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

Special Bits (Approved by Stewards)

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

Shoes

Alumite Shoes: (A)	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Signature of Trainer