



**EQUIPMENT REQUEST FORM**

Race Meeting: .....

Date: .....

Please tick the appropriate box:  FIRST EQUIPMENT REQUEST  AMENDMENT TO GEAR

Name of Horse: ..... Trainer: .....

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

	<u>Tick as appropriate</u>		REASONS
<b>Blinkers (B)</b>			
First Time: (B1)	<input type="checkbox"/>		_____
B Again: (B+)	<input type="checkbox"/>		_____
B One Side: (B*)	<input type="checkbox"/>		_____
B Removed: (O)	<input type="checkbox"/>		_____
<b>Tongue Tie: (T)</b>			
T First Time: (T1)	<input type="checkbox"/>		_____
T Again: (T+)	<input type="checkbox"/>		_____
T Off	<input type="checkbox"/>		_____
	<u>ON</u>	<u>OFF</u>	
<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>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"/>	_____
<b>Alumite Shoes: (A)</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<b><u>Special Bits (Approved by Stewards)</u></b>		
<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>Crescendo Bit: (CR)</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Tongue Bit: (U)</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Signature of Trainer:** \_\_\_\_\_