



Racing Commissioner
 Office of Racing Commissioner
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 www.michigan.gov/horseracing

**Office of Racing Commissioner
 STABLE ROSTER – MIXED BREED
 ADDENDUM**

Any changes to the information contained in this Stable Roster (changes in owners, horses trained, contact information, etc.) must be made with the ORC within 48 hours of the time the actual change occurs.

Track	Date
Barn	

SECTION I CONTACT INFORMATION

Trainer Name	Trainer Phone ()
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SECTION III OWNERS – CONTINUED

13.	16.
14.	17.
15.	18.

SECTION IV GROOMS – CONTINUED

7.	9.
8.	10.

SECTION V RESTRICTED AREA PASSES / EXERCISE RIDERS / ETC. – CONTINUED

7.	9.
8.	10.

SECTION VI HORSES UNDER CARE - CONTINUED **CHECK**

NOTE: All horses entered in a race must be stabled at the listed training site and be available for inspection.	
21.	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T
22.	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T
23.	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T
24.	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T
25.	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T
26.	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T
27.	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T
28.	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T
29.	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T
30.	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T

I have read the foregoing, the Horse Racing Law of 1995 (Act 279, Public Act of 1995, as amended) and the Racing Commissioner General Rules and I understand my responsibilities.

Trainer or Authorized Designee Signature and Date