



Racing Commissioner
 Office of Racing Commissioner
 PO Box 30773
 Lansing, MI 48909
 Phone: (517) 335-1420
 Fax: (517) 241-3018
 www.michigan.gov/horseracing

Office of Racing Commissioner STABLE ROSTER – MIXED BREED

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 () |
| Street Address | City / State / Zip |
| Training Facility | Facility Phone () |
| Facility Address | City / State / Zip |

SECTION II ASSISTANT TRAINER

| |
|-------------------------------|
| Assistant Trainer Name |
|-------------------------------|

SECTION III OWNERS

| | |
|----|-----|
| 1. | 7. |
| 2. | 8. |
| 3. | 9. |
| 4. | 10. |
| 5. | 11. |
| 6. | 12. |

SECTION IV GROOMS

| | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

SECTION V RESTRICTED AREA PASSES / EXERCISE RIDERS / ETC.

| | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

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| SECTION VI HORSES UNDER CARE | CHECK |
|---|---|
| NOTE: All horses entered in a race must be stabled at the listed training site and be available for inspection. | |
| 1. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 2. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 3. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 4. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 5. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 6. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 7. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 8. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 9. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 10. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 11. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 12. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 13. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 14. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 15. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 16. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 17. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 18. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 19. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |
| 20. | <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> T |

I hereby authorize the following ORC licensees or Restricted Area Pass holders to make additions or deletions to this stable roster. This person may not be under the age of 14.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Trainer Signature and Date