

# MEADOWLANDS CLAIM FORM - 2017

\*\*\*\*\*ALL 5 SECTIONS MUST BE COMPLETED OR THIS CLAIM IS VOID!

1) **DATE OF RACE:** \_\_\_\_\_

2) **HORSE:** I (we) hereby claim the horse named \_\_\_\_\_  
from race # \_\_\_\_\_ on the above date, for the sum of \$ \_\_\_\_\_,  
plus sales tax, under and subject to the rules of racing.

3) **NAMES AND SIGNATURES:** ALL claimants **MUST** provide **ALL** of the following information and **personally sign** this document in order to have a valid claim. Persons licensed as an "**AUTHORIZED AGENT**" may sign for a claimant but **MUST** provide their current **NJ AUTHORIZED AGENT** license number along with claimant's license number.

NAME: \_\_\_\_\_ CURRENT NJ LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CURRENT NJ LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CURRENT NJ LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ CURRENT NJ LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

4) **TRAINER:** I hereby designate \_\_\_\_\_ as my  
**CURRENTLY LICENSED NJ** trainer.

5) **PICK-UP PERSON:** I designate **CURRENT NJRC LICENSEE** \_\_\_\_\_  
to take charge of the claimed horse after the race.

## TESTING OF HORSE:

**I DO WANT**  
post-race testing of horse  
**AT MY OWN EXPENSE**  
COST: \$200

**I DO NOT WANT**  
post-race testing of horse  
**AT MY OWN EXPENSE**

**EMERGENCY CONTACT INFORMATION FOR VANNED OFF HORSE:** I designate

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_