

**MEADOWLANDS CLAIM FORM – 2019**  
**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 (6.625%), under and subject to the rules of racing.
3. **NAMES & 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 hereby 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: \_\_\_\_\_