

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, 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: _____