REGISTRATION OF PARTNERSHIP

PLEASE PRINT **ANNUAL FEE**

APPLICANTS ARE REQUIRED TO ANSWER EACH AND EVERY QUESTION FULLY.
FALSE ANSWERS GIVE HEREON MAY LEAD TO REFUSAL OR CANCELLATION OF YOUR LICENSE.

We, the undersigned, are authorized to and do hereby declare a partnership in the racing of our horses:

NAME	ADDRESS (Street, City, Town, Province, Postal Code)	SHARE

1. Our horses will compete in the name of …….
   (Note: If a name other than the above partners is used, A Registration of Stable Name for must be filed with the Commission office.)

2. Name of our trainer is …….

3. All entries, scratches and declaration are to be made by ……

4. We wish to act jointly in all matters pertaining to this partnership. ? Yes ? No
   If NO, we appoint _____ to act as our Authorized Agent. (Note: If Authorized
   (NAME)
   Agent is appointed, an Appointment of Authorized Agent form must be filled with the commission office.)

We request that this partnership be registered in accordance with the Rules of Racing. This partnership is to remain in effect until December 31, _____ or until sooner dissolved. If dissolved, we shall file dissolution of partnership in writing with the Commission.

(SIGNATURES OF ALL PARTNERS)

_____Yr. _____ ……. ……..

……. ……..

……. ……...

……. ……...

NAME OF HORSE(S)	NAME OF HORSE(S)	NAME OF HORSE(S)	NAME OF HORSE(S)
	RECEIVED	**RECEIPT NO.**	**APPROVED**