## CLAIMING AUTHORIZATION FORM

(NOTE: This form is required for EACH HORSE to be entered in a Claiming Race. Please copy this form as needed.)

The undersigned, <u>Registered Owner</u> of the horse:

| Name of Horse                        | Freeze Brand / Tattoo No.     | Year Foaled |     |      |
|--------------------------------------|-------------------------------|-------------|-----|------|
| Hereby authorize the entrance of the | horse in claiming races as of |             |     |      |
| -                                    | -                             | Month       | Day | Year |
| to be claimed for at least \$        | ;                             |             |     |      |
| Minimu                               | m Claiming Price              |             |     |      |

This authorization shall continue in full force and effect until written cancellation thereof is filed by the Owner or Authorized Corporate Officer with the Racing Secretary.

Signature of *Seller* or an *Authorized Corporate Officer* (if the seller is a stable or corporation):

| 1. Print Name   |                         | Signature          | Signature               |          |             |  |  |  |
|---|-------------------------|--------------------|-------------------------|----------|-------------|--|--|--|
| (Must be signed by a registered                       | owner and not by an age |                    |                         |          |             |  |  |  |
| Notice o  | f Horse Claime          |                    |                         |          |             |  |  |  |
|   | Name of Horse           | Freeze Brand       | Freeze Brand/Tattoo No. |          | -           |  |  |  |
| Full Name of SELLER(s)                                | No. & Street            | City               | State                   | Zip Code | Membership# |  |  |  |
| 1   |                         |                    |                         |          |             |  |  |  |
| 2   |                         |                    |                         |          |             |  |  |  |
| 3   |                         |                    |                         |          |             |  |  |  |
| 4   |                         |                    |                         |          |             |  |  |  |
| The above horse was claim<br>Full Name of CLAIMANT(s  | ) No. & Street          | City               | State                   | Zip Code | Membership# |  |  |  |
| 1<br>2  |                         |                    |                         |          |             |  |  |  |
| 3   |                         |                    |                         |          |             |  |  |  |
| 4   |                         |                    |                         |          |             |  |  |  |
| From the Race No.                                     | race at                 | Racetrack          |                         | on       | Date        |  |  |  |
| for a claiming price of \$                            |                         |                    |                         |          | Duit        |  |  |  |
|   | Presiding Judge         |                    | Signatu                 | ire      |             |  |  |  |
| PAPERLESS CERTIFIC<br>Please do not issue Registratio |                         | onically at the US | TA.                     | CHECK HE | RE          |  |  |  |
| Address to Mail Certificate                           |                         |                    |                         |          |             |  |  |  |

Amount Enclosed: \$\_\_\_\_\_ Transfer Fee \$33.00. Please do not send cash; U.S. Funds Only. Mail Form and Original Certificate (unless paperless) to US Trotting Assoc., 750 Michigan Ave., OH 43215-1191