



THE ARABIAN RACING ORGANISATION INTERNATIONAL DECLARATION FORM 2009

This form should be completed by non-UK Owners or Trainers who wish to enter in an International Race in the UK in 2009

(Please complete in block capitals)

(Veuillez finir en capitales)

Name of Race: _____

(Nom de Course)

Date: _____

Racecourse: _____

(Date)

(Lieu de la reunion)

Name of horse (Nom du cheval) : _____

Owner's Name (*Nom de Propriétaire*): _____

Trainer's Name (*Nom d' Entraîneur*): _____

Jockey's Name (*Nom de jockey*): _____

This horse will be wearing (please tick box as appropriate):

Ce cheval portera (veuillez cocher la case correspondante):

- Blinkers (Oeillères)
- Visor
- Eye Shield
- Tongue-Tie (Attache-Langue)
- Sheepskin Cheekpieces

Arrival Date (Date prévue d'arrivée): ____/____/____

Departure Date (Date de depart): ____/____/____

Colour change (if more than one horse running for same owner):

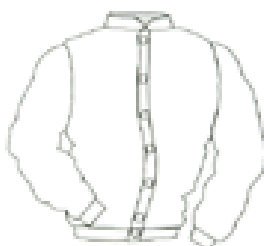
Jacket (Casaque)

Sleeves (Manches)

Cap (Toque)

Payment:

All entry fees
the declaration
Please indicate



must be paid
will NOT be
whether you



at the time of
accepted.
wish to pay:



declaration otherwise



By Bank Transfer

Please transfer all fees to

Swift code: NWBKGB2L

Sort Code: 56-00-60

Beneficiary: Weatherbys Bank Ltd

Account Number: 40509443

IBAN Number: GB68NWBK56006040509443

Payment Details: ARO Ltd - 588425

All bank charges are payable by yourself, ie. the remitter.

Proof of payment must be received with this form.

OR

Through a France Galop Account

Please provide full details below:

Name of Account Holder: _____

Account Number: _____

Declaration

Herewith I certify that I accept the current racing regulations of the country I will race in and that the above mentioned horse has liability insurance and is vaccinated according to the rules of the country.

Only completed forms will be accepted.

Je certifie que j'accepte les règlements courant actuels du pays dans lequel je courrai et que le cheval mentionné a l'assurance responsabilité civile et est vacciné selon les règles du pays.

Seulement les formes accomplies seront acceptées.

Signature of Trainer (Signature de l'Entraîneur): _____

Date: ____ / ____ / ____

Please use one form for each horse and send to the ARO office with any updated race performances.

Fax to +44 1635 230200 Email entries@aroracing.co.uk

For enquiries telephone +44 1635 524445

(veuillez remplir une feuille pour chaque cheval et la faxer au : +44 1635 230200)

