



**CASINO RACING CLUB LTD  
TRAINING PRIVILEGES**

I \_\_\_\_\_ acknowledge that in consideration of the Casino Racing Club granting me the right to train horses under my control on the Casino Racecourse, I undertake and acknowledge as follows:

- 1 If I am not duly licensed, no training will take place on such racecourse until a license has been granted to me.
- 2 That I received and read the 'Track Regulations' currently in force and agree to pay such fees and charges as may be imposed from time to time as per the conditions in the Direct Debit Agreement that must be signed.
- 3 That I comply with all directions of the Club and the 'Track Regulations' document or other training rules as notified from time to time.
- 4 That the License to train horses is personal and the rights hereby granted shall not be assignable at any time for any reason whatsoever.
- 5 My right to train on the Casino Racecourse shall be automatically revoked on my death or disqualification as a trainer.
- 6 My right to train on the Casino Racecourse can be revoked at the Club's discretion should:
  - a. I, or any of my staff, act in any way contrary to the 'Track Regulations' in force from time to time or,
  - b. My account for track fees and/or stabling rent becomes overdue.

Date    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed \_\_\_\_\_

## APPLICATION TO TRAIN – CASINO RACECOURSE

Applicant: \_\_\_\_\_  
(Surname) (Christian Name/s)

Address: \_\_\_\_\_  
\_\_\_\_\_

Stable Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Trainer's Licence No: \_\_\_\_\_

Training Experience: \_\_\_\_\_

Previous Location: \_\_\_\_\_

Location of stables: Onsite / Offsite (please circle)

Number of Stables required : \_\_\_\_\_

References: 1 \_\_\_\_\_  
(Name/Phone)

2 \_\_\_\_\_

Credit References: 1 \_\_\_\_\_  
(Name/Phone)

2 \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### OFFICE USE ONLY

Permission granted;

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Copies to; NRRA Stewards [ ]