

CLAIMING FORM

Rockingham Park
Salem, New Hampshire _____, 2009

I hereby claim the horse _____ from the _____ race on _____, 2009 for the sum of \$_____. In making this claim, I certify that I am claiming the horse above for my own account, or as authorized agent, and that the claim is valid.

I hereby designate _____ to take charge of the horse immediately after the race in the event I am the successful claimant.

New Trainer: _____

Do you want a Coggins Test? Cost \$40.00 Yes _____ No _____

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER'S STATE LICENSE No.: _____

USTA # _____

AUTHORIZED AGENT: _____

RECAP

Horsemen Account Credit \$ _____

Transfer Fee (\$33.00) \$ _____

Coggins Test (\$40.00) \$ _____

Total Due \$ _____

(Please Note: All claimed horses must remain and race at Rockingham Park for a period of 60 days – beginning with the day after the claim – or the end of the meet, whichever comes first.)