



HORSE _____

CLERK _____

DATE ____/____/____

SIGNATURE _____

ADDRESSED BY

DATE ____/____/____

**Clerk of the Course
Trial Card**

1.

The card must be signed for at least
5 satisfactory trial meetings.

2.

This card must be handed to
Supervisor/steward before riding.

Horse _____

Clerk _____

Address _____

	DATE	TRACK	COMMENT	OVERSEER	SATISFACTORY YES/NO
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					