



State of Michigan  
 Michigan Gaming Control Board  
 Office of the Executive Director  
 Horse Racing Section  
 PO Box 30773  
 Lansing, MI 48909  
 Phone: (313) 456-4100  
 Fax: (517) 241-3018  
 www.michigan.gov/mgcb

## STABLE ROSTER - STANDARD BRED

Any changes to the information contained in this Stable Roster (changes in owners, horses trained, contact information, etc.) must be made with the MGCB Horse Racing Section within 48 hours of the time the actual change occurs.

<b>Track</b>	<b>Date</b>
<b>Barn</b>	

### SECTION I CONTACT INFORMATION

<b>Trainer Name</b>	<b>Trainer Phone</b> (    )
<b>Street Address</b>	<b>City / State / Zip</b>
<b>Training Facility</b>	<b>Facility Phone</b> (    )
<b>Facility Address</b>	<b>City / State / Zip</b>

### SECTION II ASSISTANT TRAINER

<b>Assistant Trainer Name</b>
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### SECTION III OWNERS

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

### SECTION IV GROOMS

1.	4.
2.	5.
3.	6.

### SECTION V RESTRICTED AREA PASSES / EXERCISE RIDERS / ETC.

1.	4.
2.	5.
3.	6.

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SECTION VI      HORSES UNDER CARE	CHECK (Trotter/Pacer)
NOTE: All horses entered in a race must be stabled at the listed training site and be available for inspection.	
1.	<input type="checkbox"/> T <input type="checkbox"/> P
2.	<input type="checkbox"/> T <input type="checkbox"/> P
3.	<input type="checkbox"/> T <input type="checkbox"/> P
4.	<input type="checkbox"/> T <input type="checkbox"/> P
5.	<input type="checkbox"/> T <input type="checkbox"/> P
6.	<input type="checkbox"/> T <input type="checkbox"/> P
7.	<input type="checkbox"/> T <input type="checkbox"/> P
8.	<input type="checkbox"/> T <input type="checkbox"/> P
9.	<input type="checkbox"/> T <input type="checkbox"/> P
10.	<input type="checkbox"/> T <input type="checkbox"/> P
11.	<input type="checkbox"/> T <input type="checkbox"/> P
12.	<input type="checkbox"/> T <input type="checkbox"/> P
13.	<input type="checkbox"/> T <input type="checkbox"/> P
14.	<input type="checkbox"/> T <input type="checkbox"/> P
15.	<input type="checkbox"/> T <input type="checkbox"/> P
16.	<input type="checkbox"/> T <input type="checkbox"/> P
17.	<input type="checkbox"/> T <input type="checkbox"/> P
18.	<input type="checkbox"/> T <input type="checkbox"/> P
19.	<input type="checkbox"/> T <input type="checkbox"/> P
20.	<input type="checkbox"/> T <input type="checkbox"/> P

I have read the foregoing, the Horse Racing Law of 1995 (Act 279, Public Act of 1995, as amended) and the Racing General Rules and I understand my responsibilities.

I hereby authorize the following Racing licensees or Restricted Area Pass holders to make additions or deletions to this stable roster. This person may not be under the age of 14.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
**Trainer Signature and Date**