



Office of Racing Commissioner
 PO Box 30773
 Lansing, MI 48909
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 Fax: (517) 241-3018
 www.michigan.gov/horseracing

Office of Racing Commissioner STABLE ROSTER – MIXED BREED

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

Track	Date
Barn	

SECTION I CONTACT INFORMATION

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

SECTION II ASSISTANT TRAINER

Assistant Trainer Name

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

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

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

I hereby authorize the following ORC 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 _____

Name _____ Relationship _____

Address _____ Phone _____

Trainer Signature and Date