

State of Michigan
Michigan Gaming Control Board
Office of the Executive Director
Horse Racing Section
3062 W. Grand Blvd., L-700
Detroit, MI 48202
Phone: (313) 456-4100
Fax: (313) 456-2864
www.michigan.gov/mgcb

## TRAINER TRANSFER - OWNER AFFIDAVIT

Ι,		, do hereby state and affirm the following:	
1.		necessary)	
Th Su	registered to		
		, will be and will be under his/her management, care and	
	training as of (date)		
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۷.		and all decisions	
2. 3. 4. 5. Un Ap Ap	regarding the training, including, but not limited to,	entries and driver assignments are the responsibility of	
3.	All monies due and owning will be paid directly to the been paid in full.	he above named trainer and the previous trainer has	
4.	Former trainer management, care and training of said race horse(	will have no involvement whatsoever in the s).	
5.	If there is any change in circumstances or in the above information I will immediately notify the Michigan		
	Gaming Control Board, Horse Racing Section Stew	vards at (track)	
	Owner's Signature	Date	
	Former Trainer's Signature	Date	
	New Trainer's Signature	Date	
Th	is form must be notarized prior to the Stewards'	signatures.	
Su	bscribed and sworn to before me on this day	of, 20 My commission expires on	
	·		
	(Notary Public Signature)		
Ар	proved by Steward	on (date)	
Ар	proved by Steward	on (date)	
Ар	proved by Steward	on (date)	