



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 AFFIDAVIT

I, (Trainer) _____, do hereby state and affirm the following:

1. The race horse(s) (see additional/attached sheet if necessary) _____ will be placed in my care and training as of (date) _____.
2. Said horse(s) will be stabled at _____ where I will train said horse(s).
3. All monies due and owing for the conditioning of said horse(s) will be paid directly to me by the owner(s).
4. No other person, licensed or unlicensed, will have any input in the management, care and/or training of said horse(s).
5. Former trainer _____ will not be allowed to have any contact or involvement in the management, care and training of said horse(s).
6. If there is any change in circumstances or in the above information I will immediately notify the Michigan Gaming Control Board, Horse Racing Section stewards at (track) _____.

Under my oath, I affirm the above,

 Trainer's Signature

 Date

This form must be notarized prior to the Stewards' signatures.

Subscribed and sworn to before me on this ____ day of _____, 20____. My commission expires on _____.

 (Notary Public Signature)

Approved by Steward _____ ON (date) _____

Approved by Steward _____ ON (date) _____

Approved by Steward _____ ON (date) _____