CLAIMING FORM

(To Enter A Claim)

I hereby claim the Horse_____

From the _____ Race on this date, _____

For the sum of $_____, using check #_____ .

I agree to pay a transfer fee of $42.00 payable to the USTA using check # _____.

Claims can be made with a Certified Bank check.

In making this claim, I certify that I am claiming the above horse for my account, or as an authorized agent.

I hereby designate _____ to take charge of the horse immediately after the race in the event I am the successful claimant.

The trainer receiving this horse will be: _____

Please Print: If more than one owner please put the name of the primary owner first:

Owner	City	State	State License #	USTA #

Authorized Agent/Owners Signature_____

NORTHFIELD
PARK
LIVE AND SIMULCAST RACING