

STALL APPLICATIONS CLOSE WEDNESDAY, NOVEMBER 15, 2023

FOR THE LOS ANGELES TURF CLUB
2023-24 WINTER/SPRING MEET AT SANTA ANITA

Return Applications to:

ATTN: RACING OFFICE LOS ANGELES TURF CLUB, INC. P.O. BOX 60014, ARCADIA, CA 91066

SUBMIT ELECTRONICALLY TO:

EMAIL: AATKINSON@SANTAANITA.COM • FAX: (626) 446-5803

ELIGIBILITY RULES

WINNERS: Any winner which has started for less than claiming \$5,000 must finish first, second or third for claiming \$5,000 or more since then.

DEC/26, 2023 - JUN/16, 2024

MAIDENS: Any maiden which has started for less than maiden claiming \$12,500 must finish second, third or fourth for maiden claiming \$12,500 or more since then. Maidens over five (5) years old are not eligible and will not be allowed at Santa Anita or any approved training facility in Southern California. Regardless Of Eligibility, The Association Reserves The Right To Refuse Any Entry For Poor Performance. The Racing Secretary as the right to refuse any entry.

ALL HORSES ENTERING SANTA ANITA PARK MUST FIRST RECEIVE APPROVAL

Horses that have not started in four (4) months or do not have a published workout in two (2) months have least consideration.

* ALL INFORMATION MUST BE FILLED OUT COMPLETELY • STALLS NOT FILLED BY DECEMBER 5TH, WILL REVERT TO THE ASSOCIATION.*

DO NOT WRITE IN This space	NAME OF HORSE (IF UNNAMED, LIST DAM)	MDN ✓	SEX	AGE	DATE OF LAST RACE or WORKOUT	HORSE READY TO RUN NOW? Y/N	IF NOT? WHEN?	OWNER
	1.							
	2.							
	3.							
	4.							
	5.							
	6.							
	7.							
	8.							
	9.							
	10.							

THE RACING SECRETARY HAS THE RIGHT TO REFUSE ANY ENTRY

You must indicate your stabling preference by using the number 1 for your FIRST CHOICE and numbers 2 and 3 for your	Must be signed on reverse side.
other choices, in order of preference. MUST NUMBER TWO OR MORE LOCATIONS .	Trainer
SAN LUIS REY	(APPLICATIONS MUST BE SIGNED BY TRAINER)
SANTA ANITA LOS ALAMITOS TRAINING CTR	Address
	TO WHICH NOTIFICATION MAY BE SENT
Comments	Cell Phone
CHECK BOX IF YOU PLAN TO SPLIT YOUR STABLE	E-mail Address
CHECK BOX IF YOU PLAIN TO SPLIT YOUR STABLE SEE OTHER SIDE	

1.	I acknowledge that the Santa Anita Park Terms at https://www.santaanita.com/racing-office#do		cing (the "Agreement") are available at Santa	Anita Park's racing office ar	nd available for download
	at https://www.banaantaireons.taeing.com/ac	Initial			
2.	. I acknowledge that I have received and fully re-	ad the Agreement. Initial			
3.	. I understand and agree that the Agreement is in	corporated into and made part of the	e Stall Application as if fully set forth on this	Stall Application.	tial
4.	. I am not relying on any other document or cont	ract at the time when I am entering	into the Agreement. Initial		
5.	I understand and acknowledge that that the	Agreement contains an assumption	on of risk provision and a release of liability	y provision (Section 15).	Initial
6.	I understand and acknowledge that the Agre the arbitration will resolve disputes that wou giving up our rights to sue in court and to ha	ıld otherwise be resolved in a cour	rt of law, and that by agreeing to arbitrate,	I and Los Angeles Turf Cl	ub, Incorporated are e dispute.
7.	I acknowledge that I am not entering into a local conditions of the Agreement. Initial	ease of space agreement but rathe —	er, if granted stalls, I will be receiving a rev	ocable license which is sub	Initial ject to the terms and
8.	In addition to all other requirements set forth el compensation information requested in the space submitting more horses than there is space for oprovide the workers' compensation insurance in	ce below; and (b) that I must sign an on the reverse side of this Stall Appl	nd date the Stall Application—and if I submit lication, I must sign each Stall Application se	more than one (1) Stall Appl	lication due to my
	certify that I have read, understand, and et forth on the Stall Application.	d voluntarily enter into this S		the Agreement as if the	e Agreement was fully
Si	ignature	Print Name	Date		
W	Vorkers' Compensation Insurance Carrier	Policy Number	Date of Exp	viration	
A	ddress of Workers' Compensation Insurance Care	rier			