



Established 1865

ALBANY RACING CLUB

JOCKEY/ TRACK RIDER FORM

I acknowledge I have read and understand the track regulations applicable to the Racecourse and Training Facility under the control of the Albany Racing Club Inc. and agree to abide by all the regulations contained within.

NAME:
Please print

ADDRESS:
Please print
.....
.....

PHONE:

LICENCE TYPE:

LICENCE NUMBER: EXPIRY:

Signature:

Date:

Received by

Date:

The information provided will be used to set up a data base which will be used to convey from time to time relevant information pertaining to the use of the Albany Racing Club facilities.