



New	Renewal
Date: _____	
Reviewer: _____	
License #: _____	

STABLE NAME REGISTRATION FORM

(FOR STABLES, CORPORATIONS, PARTNERSHIPS, AND FARMS)

Stable Name: _____

Managing Partner of Stable: _____

Street Address
City
State
Zip code
Daytime Phone #

Quarter Horse
 Thoroughbred
 Standardbred (USTA# _____)

List All Partners That Own 5% or More of the Stable:

Name	Daytime Phone #	E-Mail
1.		
2.		
3.		
4.		
5.		

List All Horses Racing Under This Stable:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

At the time of registering this stable, are any of the above named individuals under revocation or suspension, ruled off or otherwise ineligible for racing in any jurisdiction in the United States or elsewhere: Yes No (Please circle one)

If yes, list when, where, and by whom the ruling(s) were made and the offense or offenses charged: _____

Signature – Person Registering Stable	Signature Date