

International Trotting & Pacing Association
Insurance Form

Please Print

Stable Name: _____

Name: _____

Address: _____

Phone: _____ **Email:** _____

EACH owner, trainer, lessee, and driver must be a member of the I.T.P.A. and a local club. EVERY PERSON who is on a track on race night must have paid the \$15 insurance fee.

EVERY HORSE that races at any track must be covered by its OWN insurance for that year. (\$15 per horse). There will be NO insurance surcharge on race night.

I GIVE PERMISSION FOR DRUG TESTING ON MY HORSE(S) AT ANY RACE. (Initial) _____

The horses listed on the back are the responsibility of:

Signature: _____ **Date:** _____

Circle: owner trainer lessee driver

Question? Contact Joe Davis (217) 652-1631

or email: joedavishorses@gmail.com

For office use only: Insurance _____

I.T.P.A. Dues: _____ **Local Club:** _____

