



HARNESS RACING VICTORIA

## HARNESS RACING VICTORIA VISITING TRAINERS PERMIT

(Please complete and forward to HRV if intending to train in Victoria for a period exceeding seven days)

I wish to apply to train the undermentioned horse/s as a Visiting Trainer for a period not exceeding three months from the \_\_\_\_\_ day of \_\_\_\_\_ 2 \_\_\_\_\_. I agree to be bound by, and comply with, the Rules of Harness Racing Victoria.

APPLICANTS SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ HOME PHONE: \_\_\_\_\_

VISITING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ LOCAL PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

### STABLEHANDS

Name	Licence No.
1.	
2.	

### VISITING STABLE INFORMATION

My horse/s will be stabled with the undermentioned trainer.

FULL NAME : \_\_\_\_\_

STABLE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

The following licensed person will have full responsibility of the horses in my absence.

FULL NAME : \_\_\_\_\_ LICENCE No: \_\_\_\_\_

### NAME OF HORSES

1.	4
2	5.
3.	6.

### OFFICE USE ONLY

Visiting Trainer Permit No.: \_\_\_\_\_

Authorised by : \_\_\_\_\_ Date: \_\_\_\_\_

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