

**ONTRACK THOROUGHBREDS ROCK STYLE PARTNERSHIP  
2018 Brown Colt by NICCONI from ROCK STYLE**

Surname: DR/MR/MS/MRS/Miss:.....

First Name:.....Second Name:.....

Address:.....

.....Postcode:.....

Birth Date:     /     /     Occupation:.....

Telephone: Business:..... Home: .....

Mobile: ..... Fax: .....

Email:.....

Will the share in the horse be held by a Partnership?           Yes/No

Partnership Name: .....(if applicable)

Partnership Manager:..... (if applicable)

I hereby agree to become a partner in the abovementioned Partnership on the basis that

I will have ..... %/share of the horse.

I have read, understand and agree to be bound by the Partnership documents, rules of racing and promoters disclosure statement. I declare that: I am not under any disqualification or other disability under the Rules of Racing, that I am over the age of eighteen years, that I am not an undischarged bankrupt. I agree for my contact details to be supplied to the other owners in the Partnership.

SIGNATURE:.....

Date:           /           /