

**ONTRACK THOROUGHBREDS WEST COAST CHICK PARTNERSHIP
2018 Bay Filly by FLYING ARTIE from WEST COAST CHICK**

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: / /