

### ENTRY FORM

Race no ..... Date .....

Horse name and sex .....

Owner, address .....

Rider / Driver .....

Trainer .....

Phone number .....

Weight ..... kg

Notes\* .....

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Signature

Email: [zapisy@torpartynice.pl](mailto:zapisy@torpartynice.pl), Fax: +48 71 333 45 18, Tel: +48 71 333 45 15

\* blinkers, without whip, peripheral vision loss

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