

Date \_\_\_\_\_ 200\_\_

To the Clerk of the Course:

## Virginia Claim Form

I hereby claim the horse \_\_\_\_\_

from the \_\_\_\_\_ Race on this date, in accordance with Virginia Racing Commission

Regulations, for the sum of \$ \_\_\_\_\_, which amount is on deposit  
with the Association.

Name of Claimant: \_\_\_\_\_

(Print)

Authorized Signature: \_\_\_\_\_

(Owner or Managing Partner or Authorized Agent)

\_\_\_\_\_  
(Print Name if Other Than Claimant)

Name of Trainer (Optional): \_\_\_\_\_