



# JAMAICA RACING COMMISSION

## RACEHORSE TRAINERS' TRAINING SCHOOL PROGRAMME APPLICATION FORM

Name:

Next of kin:

Address:

Address:

Contact #:

Contact #:

Gender:

Date of Birth:

Email Address:

If currently a licensed Assistant Trainer, state current Trainer's name:

Number of years as a licensed Assistant Trainer

Please list qualifications & experience locally and internationally

- 1.
- 2.
- 3.

Reason for wanting to become a trainer?

Please list two professional references.

1) Name:

Relationship:

Title:

Phone:

2) Name:

Phone:

Title:

Relationship:

Trainer Signature:

Date:

Applicant Signature:

Date: