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**THE JOCKEY CLUB**  
 NEWMARKET

**THE NEWMARKET TOWN PLATE**  
**SATURDAY 27<sup>TH</sup> AUGUST 2022**  
 THE ROUND COURSE, NEWMARKET

**ENTRY FORM**

<b>RIDER DETAILS</b>			
RIDER'S NAME: (Mr. Mrs. Miss. Please denote)			
DATE OF BIRTH:			
ACTUAL WEIGHT:		RIDING WEIGHT:	
ADDRESS:			
TELEPHONE:			
EMAIL:			
OCCUPATION OF RIDER:			
QUALIFICATION OF RIDER: (A, B, C or D - see race conditions)			
COLOURS TO BE WORN: (Include body colour & markings; sleeve colour & markings; cap colour & markings)			
NEXT OF KIN: (Include name, contact telephone number & address)			
RIDERS ASSESSMENT & FITNESS TEST:  (Please tick your preferred location - dates to be confirmed)	Northern Racing College, Doncaster <input type="checkbox"/>  British Racing School, Newmarket <input type="checkbox"/>		

**MEDICAL**

- All applicants must complete and pass a BHA Medical (Appendix ii) which must be submitted directly to the BHA **not** the organisers.
- A BHA Medical is valid for 5 years\*.
- Organisers reserve the right to use their discretion and the BHA may request a medical more often in individual cases

<b>DECLARATION OF HEALTH</b>	
RIDER NAME:	
NAME OF GP:	
GP ADDRESS:	
DATE OF LAST BHA MEDICAL EXAMINATION (if applicable) *	
HAVE YOU SUFFERED FROM ANY INJURIES OR SERIOUS ILLNESSES SINCE YOUR LAST BHA MEDICAL EXAMINATION: (IF YES, PLEASE GIVE DETAILS)	
ARE YOU AT PRESENT RECEIVING ANY TREATMENT OR REGULAR MEDICATION SUPERVISED BY YOUR DOCTOR? IF YES PLEASE GIVE DETAILS:	
DO YOU SUFFER FROM ANY ALLERGIES? IF YES PLEASE GIVE DETAILS:	

\*Applicants who are aged 50 or over will be required to renew their BHA Medical every 2 years.

<b>HORSE DETAILS</b>	
<b>HORSE'S NAME:</b>	
D.O.B:	
COLOUR & SEX:	
BREEDING: (DAM & SIRE)	
QUALIFICATION OF HORSE: (A, B or C - see race conditions)	
COLOURS TO BE WORN: (Include body colour & markings; sleeve colour & markings; cap colour & markings)	
EQUIPMENT TO BE WORN: (Tongue tie/visor/hood etc.)	
<b>OWNERS NAME:</b>	
ADDRESS:	
TELEPHONE & EMAIL:	
<b>TRAINER'S NAME:</b>	
ADDRESS:	
TELEPHONE & EMAIL:	
RESERVE ENTRY: (IF YES, PLEASE COMPLETE PAGE 4)	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>RESERVE HORSE DETAILS**</b>	
<b>HORSE'S NAME:</b>	
D.O. B	
COLOUR & SEX	
BREEDING: (DAM & SIRE)	
QUALIFICATION OF HORSE: (A, B or C - see race conditions)	
COLOURS TO BE WORN: (Include body colour & markings; sleeve colour & markings; cap colour & markings)	
EQUIPMENT TO BE WORN: (Tongue tie/visor/hood etc.)	
<b>OWNERS NAME:</b>	
ADDRESS:	
TELEPHONE & EMAIL:	
<b>TRAINER'S NAME:</b>	
ADDRESS:	
TELEPHONE & EMAIL:	

**Please enclose a copy of each horse's passport including ALL vaccination pages.**

**\*\*Reserve horse must be entered when submitting application. Reserves will not be accepted later.**

**Declarations to be made by NOON Monday 22nd August 2022**

**Disclaimer:**

We understand and agree to the race conditions and details for The Newmarket Town Plate, as set out within the document Ref. AM032022. We understand that we are wholly responsible for ensuring the fitness and competence of our horse and rider for this race. We agree to take part at our own risk.

**Owner:**

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Trainer:**

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner of reserve (if different):**

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Trainer of reserve (if different):**

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Please ensure that you have read the full conditions of the race. Any application received without all correct supporting documentation will not be accepted. Rider Assessment and Fitness Test must be passed and a copy provided along with the completed BHA Medical by Friday 29<sup>th</sup> July 2022 but do not need to be submitted with the initial application.**

**Rider Declaration:**

I hereby declare that the information I have given in this document (Ref. AM032022) is both accurate and complete and I know of no reason medically or otherwise, why I should not participate in a thoroughbred horserace over 3 miles 6 furlongs.

Signed: ..... Printed: .....

Date: .....

**Entries must be submitted by Friday 3<sup>rd</sup> June 2022**

**Please submit to:**

Anna Metekohy  
Newmarket Racecourses  
Rowley Mile Racecourse  
Commercial Office  
Newmarket  
Suffolk  
CB8 0TF

E: [newmarket.townlplate@thejockeyclub.co.uk](mailto:newmarket.townlplate@thejockeyclub.co.uk)



**APPENDIX i**

THE NEWMARKET TOWN PLATE  
**SATURDAY 27<sup>TH</sup> AUGUST 2022**  
THE ROUND COURSE, NEWMARKET

**RIDER QUALIFICATION CERTIFICATE**

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(NAME OF RIDER)

I CONFIRM THAT THE ABOVE NAMED HAS BEEN  
RIDING THOROUGHBREDS FOR ..... YEARS, AND I  
CONSIDER THAT \*\*HE/SHE IS COMPETENT TO RIDE IN A FLAT  
RACE OVER **3 MILES 6 FURLONGS**.

SIGNED: \_\_\_\_\_

NAME: (Printed) \_\_\_\_\_


(\*\* Trainer/Permit Holder)

ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_

DATE: \_\_\_\_\_

\*\* Delete as necessary.



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**APPENDIX ii**

Given the nature of your participation, not all elements of this form need to be completed. The type of license applied for is 'Newmarket Plate' and Applicants who are 55 years and older will require a blood screen and a resting ECG (heart trace) undertaken by your GP. Please note applicants are responsible for all costs associate with their application.

All medical forms will be reviewed in confidence by the BHA Medical Department and held on a secure password protected computer system. Following the review, you will be informed whether you have been cleared medically to participate, whether further assessment is required, or your application has been declined. The medical information for successful applicants will be available to the doctors providing medical cover at the race meeting.

Newmarket Racecourses will NOT have access to your personal medical information.

Please submit your completed medical form by 29<sup>th</sup> July 2022 (note that any medicals received after this point will not be accepted and your entry will be withdrawn) to:

Dr Jerry Hill  
Chief Medical Adviser  
British Horseracing Authority  
75 High Holborn  
London  
WC1V 6LS

T 020 7152 0137  
F 020 7152 0136

medical@britishhorseracing.com