

# Newmarket

## RACECOURSES

### THE NEWMARKET TOWN PLATE SATURDAY 23<sup>rd</sup> AUGUST 2025 THE ROUND COURSE, NEWMARKET

### ENTRY FORM

| RIDER DETAILS  |  |
|--|--|
| RIDER'S NAME:<br>(Mr. Mrs. Miss. Please denote)                    |  |
| DATE OF BIRTH:   |  |
| ADDRESS:   |  |
| TELEPHONE:   |  |
| EMAIL:   |  |
| OCCUPATION OF RIDER:   |  |
| QUALIFICATION OF RIDER:<br>(A, B, C or D – see race conditions)    |  |
| NEXT OF KIN:<br>(Include name, contact telephone number & address) |  |
| RIDERS ASSESSMENT & FITNESS TEST:                                  | <p>British Racing School, Newmarket – Friday 11<sup>th</sup> July 2025</p> <p><input type="checkbox"/> Ridden &amp; Fitness</p> <p><input type="checkbox"/> Fitness Only (<i>Exemptions based on previous experience, please confirm with organisers before selecting this option</i>)</p> <p>Alternative dates may be arranged by riders themselves (subject to availability) however, assessments must be carried out by recognised bodies and must be confirmed with organisers in advance.</p> |

## **MEDICAL**

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

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

| <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:<br>(IF YES, PLEASE GIVE DETAILS) |  |
| ARE YOU AT PRESENT RECEIVING ANY TREATMENT OR REGULAR MEDICATION SUPERVISED BY YOUR DOCTOR?<br>IF YES PLEASE GIVE DETAILS:         |  |
| DO YOU SUFFER FROM ANY ALLERGIES?<br>IF YES PLEASE GIVE DETAILS:   |  |

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

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

| <b>RESERVE HORSE DETAILS</b><br><b>Reserve horse must be entered by Saturday 5<sup>th</sup> July 2025</b> |  |
|---|--|
| <b>HORSE'S NAME:</b>  |  |
| D.O. B  |  |
| COLOUR & SEX  |  |
| BREEDING:<br>(DAM & SIRE)   |  |
| QUALIFICATION OF HORSE:<br>(A, B or C – see race conditions)  |  |
| COLOURS TO BE WORN:<br>(Include body colour & markings; sleeve colour & markings; cap colour & markings)  |  |
| EQUIPMENT TO BE WORN:<br>(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 horse's passport including ALL vaccination pages.**

**Declarations to be made by NOON Monday 18<sup>th</sup> August 2025**

**Disclaimer:**

We understand and agree to the race conditions and details for The Newmarket Town Plate, as set out within the document Ref. AM032025. 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 1<sup>st</sup> August 2025 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 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 30<sup>th</sup> May 2025**

**Please submit to:**

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

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

