



**SARATOGA CASINO HOTEL**  
 SARATOGA SPRINGS, NEW YORK 12866  
**SHIP-IN STABLE REGISTRATION**

Indicate name of person in this box who will assume responsibility in your absence and who will be listed as trainer during your extended absence.

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N.Y.S. No.

**ALL INFORMATION MUST BE COMPLETE**

Trainer \_\_\_\_\_ NYS. Lic.# \_\_\_\_\_

Phone # \_\_\_\_\_

Date / / Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Workmen's Compensation Carrier      Policy #      Expiration Date

List all employees (tr) - (grooms)	Lic. #
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	