High Point & Reserve Trainer Award

MUST SIGN UP BEFORE 7:00AM ON THURSDAY

TRAINERS NAME: _____

BACK NUMBER	HORSES NAME	EXHIBITOR

RECEIVED BY PCJ REPRESENTIVE: _____
(Must be signed by PCJ Staff to be valid & Trainer should acquire a copy)

DATE: _____

Fax: 973-383-7302
(Please provide your fax number so we can fax back the signed receipt)