PACING DECLARATION		FOR OFFICE USE ONLY			
Name of Horse		PP		HN	
Age Sex Lasix Other Meds Hopples Er	ntry	Race Number	er	Race Date	
Class Named	Claiming Price		Date and place of last start		
Driver			Sire		
Frainer				Dam	
Horse Owner(s)		I			
erson making declaration: () Owner () Trainer () Other				
AME PHONE NUMBE	ER	DATE C	F DECALR	ATION	
PACING DECLARATION					
				USE ONLY HN	
PACING DECLARATION Name of Horse		FOF	R OFFICE	USE ONLY	
PACING DECLARATION Name of Horse Age Sex Lasix Other Meds Hopples E		FOF PP	R OFFICE	USE ONLY HN	
PACING DECLARATION Name of Horse	Entry	FOF PP	R OFFICE	USE ONLY HN Race Date	
PACING DECLARATION Name of Horse Age Sex Lasix Other Meds Hopples E	Entry	FOF PP	ber Date and	USE ONLY HN Race Date	
PACING DECLARATION Name of Horse Age Sex Lasix Other Meds Hopples E	Entry	FOF PP	ber Date and	USE ONLY HN Race Date	
PACING DECLARATION Name of Horse Age Sex Lasix Other Meds Hopples E Class Named Driver Trainer	Entry Claiming Price	FOF PP	ber Date and	USE ONLY HN Race Date	