

**RESERVATION REQUEST FOR PASSAGE BOXES**

**To be completed by the trainer**

<b>RACECOURSE :</b> .....
<b>DEPARTURE DAY :</b> ...../...../.....
<b>DATE OF ARRIVAL AT THE RACECOURSE :</b> ...../...../..... <b>AT</b> .....h.....

**NAME OF TRAINER:** .....

**TRAINER'S FIRST NAME :** .....

**NUMBER OF PASSAGE BOXES REQUESTED :**  to €40 excl. tax/box (straw)

**NUMBER OF PASSAGE BOXES REQUESTED:**  to €70 excl. tax/box (shavings)  
(additional ball: €16)

For a total of :..... € HT

For a total of :..... € TTC (TVA 20 %)

**MY FRANCE GALOP ACCOUNT NUMBER TO BE DEBITED :**

**MY INTRA-COMMUNITY VAT NUMBER :**

*« I hereby certify that all horses for which I reserve stalls have been vaccinated against equine influenza and rhinopneumonitis in accordance with the provisions of article 135 of the Code des Courses au Galop. »*

Done at ....., the :..... /..... /.....

**TRAINER'S SIGNATURE :**  
*Good for agreement and debit  
on my account*

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