

RESERVATION REQUEST FOR PASSAGE BOXES

To be completed by the trainer

RACECOURSE :
DATE OF ARRIVAL AT THE RACECOURSE :/...../..... ATh.....
DEPARTURE DAY :/...../.....

FIRST AND LAST NAME OF TRAINER:

HORSE NAME :

NUMBER OF PASSAGE BOXES REQUESTED : to 41 € excl. taxes/box (straw)

NUMBER OF PASSAGE BOXES REQUESTED: to 90 € excl. taxes/box (shavings)
(additional ball: 16€)

For a total of :..... € excl. taxes

For a total of :..... € including taxes (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*

Auteuil	<i>hebergementauteuil@france-galop.com</i>
Deauville	<i>hebergementdeauville@france-galop.com</i>
Chantilly	<i>hebergementchantilly@france-galop.com</i>
ParisLongchamp	<i>hebergementlongchamp@france-galop.com</i>
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