



State of Indiana
Indiana Horse Racing Commission
TRAINER'S STABLE ROSTER

EVEN IF YOUR HORSE IS SHIPPED IN YOU MUST COMPLETE THIS FORM

Klopp, Randy

TRAINER Randy Klopp ASST. TRAINER Rick Meier
 ADDRESS 2350 S 450 E ADDRESS 2350 S 450 E
 CITY & STATE Rushville, IN CITY & STATE Rushville, IN
 TELEPHONE (765) 265-3373 TELEPHONE (308) 379-7335
 BARN # (or please put ship-in) 4A-6 BARN # (or please put ship-in) 4A-6

OWNER'S NAME Steve Stelts GROOM'S NAME Salvador Garcia
 HORSE(S) Spiritual order Dorm Room # 45

OWNER'S NAME Mary Stelts GROOM'S NAME Salvador Villalobos
 HORSE(S) Whitey White col Dorm Room # 45

OWNER'S NAME Ken Meyer GROOM'S NAME Ricardo de Leon
 HORSE(S) One Fliskey Justice Dorm Room # 44

OWNER'S NAME Joe Shaw EXERCISE RIDER R K
 HORSE(S) Bull nose Buck Dorm Room # 44

OWNER'S NAME Dennis Clavett HOTWALKER _____
 HORSE(S) _____ Dorm Room # _____
 APR 08 2012

Trainers operating within restricted areas of licensed racetracks shall ensure that themselves and their employees are licensed. Additionally, a Trainer shall ensure that each owner for whom he or she trains applies for a license. A horse in a trainer's care shall not start in a race unless the Owner has a license on file with the commission.

It shall be a trainer's responsibility to maintain with the commission an up-to-date roster of owners, current employees, and others having access to the trainer's assigned premises. This roster shall contain all information considered pertinent by the commission. Changes in ownership of horses, new or discharged grooms, and addition and/or deletion of horses on this roster must be reported.

REMEMBER YOU MUST FILE A NEW TRAINER ROSTER WHEN YOU MOVE TO OTHER TRACK IN THE SUMMER

[Signature]
Trainer - or - Assistant Trainer Signature

4-3-12
Date

Indiana Downs
4425 N 200 W
Shelbyville, IN 46176
Ph: 317/713-3350
Fax: 317/713-3355

• Indiana Horse Racing Commission •

Hoosier Park
4450 Dan Patch Circle
Anderson, IN 46013
Ph: 765/683-2565
Fax: 765/683-2568



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TRAINER Randy [Signature] ASST. TRAINER _____
 ADDRESS _____ ADDRESS _____
 CITY & STATE _____ CITY & STATE _____
 TELEPHONE (765-265-3373) TELEPHONE (_____)
 BARN # (or please put ship-in) _____ BARN # (or please put ship-in) _____

OWNER'S NAME _____ GROOM'S NAME Miguel Fernandez
 HORSE(S) _____ Dorm Room # 43

OWNER'S NAME _____ GROOM'S NAME _____
 HORSE(S) _____ Dorm Room # _____

OWNER'S NAME _____ GROOM'S NAME _____
 HORSE(S) _____ Dorm Room # _____

OWNER'S NAME _____ EXERCISE RIDER _____
 HORSE(S) _____ Dorm Room # _____

OWNER'S NAME _____ HOTWALKER _____
 HORSE(S) _____ Dorm Room # _____

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[Signature] _____ Date _____
 Trainer - or - Assistant Trainer Signature

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