



MINI SERIES 2020 CONTACT TRACING

TRAINER NAME _____

Please Check Week 1 ___ Week 2 ___ Week 3 ___

Horse (Please Use Show Name)	Full Name	Email	Phone #
1	1		
	2		
2	1		
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3	1		
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4	1		
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5	1		
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6	1		
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7	1		
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10	1		
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11	1		
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12	1		
	2		