

**CANADIAN THOROUGHBRED HORSE SOCIETY
MANITOBA DIVISION**

BUYER PRE-REGISTRATION FORM

DATE:	
BUYER INFORMATION	
NAME:	
ADDRESS:	
CITY:	PROV:
POSTAL CODE:	EMAIL ADDRESS:
CELL NUMBER:	ALTERNATE NUMBER:
JOCKEY CLUB INTERACTIVE ACCOUNT NAME:	
TRAINER'S NAME:	LICENSE NUMBER:
BANKING INFORMATION:	
BANK:	
BRANCH:	
ADDRESS:	PHONE NUMBER:
CREDIT LIMIT REQUIRED:	
COMMENTS:	