



NORSK GALOPP

Application for exercise rider license

To be filled out by the applicant

Name: _____

Address: _____

Mobile: _____ Email: _____

Date of birth: _____ Nationality: _____

Qualifications:

By completing this form, trainer and rider confirms that the rider has the skills required to exercise and care for racehorses.

The trainer is responsible for the rider learning and respecting the rules for riding on Øvrevoll Racetrack.

The applicant is by signing this application subject to the regulations and rules of racing, Skandinavisk Reglement for Galoppløp and associated documents.

Date: _____

Signature trainer

Signature rider

Copy of passport must be included.

Norsk Galopp will provide a letter to the UDI upon receiving this application.

The work rider license will be confirmed upon receipt of Residence Permit from UDI

Send to: Øvrevoll Galopp AS, Postboks 134, 1332 Østerås, attn: Liv Kristiansen

Email: liv.kristiansen@norskgalopp.no