



APPLICATION FOR STABLE NAME/PSEUDONYM

All pages (3) must be enclosed regardless of the total number of co-owners included in the stable name/pseudonym.

Svensk Travsport
Box 20151, 161 02 BROMMA
Phone +46 8 475 27 00 (support)

Stable name (please give three suggestions)

First choice Stable :
Second choice Stable :
Third choice Stable :

- Each person signing this application is subject to the Swedish competition regulations (Tävlingsreglemente) and is obliged to know and comply with this, as well as other regulations issued by the Swedish trotting association or by our affiliated organizations.
- The stable name/pseudonym is valid for the current calendar year. You will be invoiced for the registration fee (current fees are available at www.travsport.se).
- The stable name/pseudonym will automatically be renewed for another calendar year unless we receive a written notice of termination at no later than December 31st. The registration fee will be invoiced in January. We are not able to register more than 20 co-owners per stable name/pseudonym.
- A minor can only be registered as co-owner, i.e. not as authorized owner representative. On behalf of a minor, both guardians must sign this notification.

Owner/Authorized Owner representative

Owner's/representative's name (please print)	Date of birth/Corporate identity number	Telephone
Address	Postal address	
Signature and print name		Email address

Co-owners

By signing this document, I/we hereby authorize the above-named representative to act on our behalf in all matters regarding the above-mentioned horse:

Co-owner's name (please print)	Date of birth/Corporate identity number
Address	Postal address
Signature and print name	Email address
Co-owner's name (please print)	Date of birth/Corporate identity number
Address	Postal address
Signature and print name	Email address
Co-owner's name (please print)	Date of birth/Corporate identity number
Address	Postal address
Signature and print name	Email address
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Owner/Authorized Owner representative

Owner's/representative's name (please print)	Date of birth/Corporate identity number	Telephone
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Owner/Authorized Owner representative

Owner's/representative's name (please print)	Date of birth/Corporate identity number	Telephone
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Signature and print name	Email address	
Co-owner's name (please print)	Date of birth/Corporate identity number	
Address	Postal address	
Signature and print name	Email address	

Send this form (all 3 pages), by hand signed by all involved parties, to ST by post (address as above) or by email to kundtjanst@travsport.se. If you choose to submit the form by email, the form and any attachments shall be delivered as separate PDF files and must maintain readable quality when printed. ST is entitled to request original forms by post whenever quality is considered insufficient.

Information about Svensk Travsport's handling of personal data is described at travsport.se/integritetpolicy.