

## Notification of Gear/Change of Gear

Horse Name

Hopple Length (compulsory)

To be completed and lodged by the trainer prior to the horse's first engagement. No nomination will be deemed received until such time as the completed form is received at HRNSW's office.  
All subsequent gear changes are to be lodged by the trainer to HRNSW no later than: -

- **TAB Meeting** 9.30am, Day prior to racing
- **Non-TAB Meeting** On arrival on course

On	Off		On	Off	BOOTS	On	Off	DEAFENERS	On	Off	REINS	On	Off	OTHER GEAR
<input type="checkbox"/>	<input type="checkbox"/>	Anti Choking Device	<input type="checkbox"/>	<input type="checkbox"/>	Bell	<input type="checkbox"/>	<input type="checkbox"/>	Fixed	<input type="checkbox"/>	<input type="checkbox"/>	Rings	<input type="checkbox"/>	<input type="checkbox"/>	Bucking Strap
<input type="checkbox"/>	<input type="checkbox"/>	Bandages	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BIT</b>			<input type="checkbox"/>	<input type="checkbox"/>	Shin/Tendon	<input type="checkbox"/>	<input type="checkbox"/>	Removable	<b>SHOES</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Headcheck	<input type="checkbox"/>	<input type="checkbox"/>	Scalping	<input type="checkbox"/>	<input type="checkbox"/>	Plugs	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Snaffle	<input type="checkbox"/>	<input type="checkbox"/>	Bumper	<input type="checkbox"/>	<input type="checkbox"/>	Gaiting Strap N/S	<input type="checkbox"/>	<input type="checkbox"/>	Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Straight	<input type="checkbox"/>	<input type="checkbox"/>	Pastern	<input type="checkbox"/>	<input type="checkbox"/>	Gaiting Strap O/S	<input type="checkbox"/>	<input type="checkbox"/>	Hind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Rubber	<b>BURR</b>			<input type="checkbox"/>	<input type="checkbox"/>	<b>HEADCHECK</b>	<input type="checkbox"/>	<input type="checkbox"/>	Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pulling	<input type="checkbox"/>	<input type="checkbox"/>	Bit N/S	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Lugging	<input type="checkbox"/>	<input type="checkbox"/>	Bit O/S	<input type="checkbox"/>	<input type="checkbox"/>	Fixed	<b>SPREADERS</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Extension	<input type="checkbox"/>	<input type="checkbox"/>	Neckstrap N/S	<input type="checkbox"/>	<input type="checkbox"/>	Running	<input type="checkbox"/>	<input type="checkbox"/>	Conventional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Slipmouth	<input type="checkbox"/>	<input type="checkbox"/>	Neckstrap O/S	<input type="checkbox"/>	<input type="checkbox"/>	Release Pin	<input type="checkbox"/>	<input type="checkbox"/>	Elastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Lip cord/strap	<input type="checkbox"/>	<input type="checkbox"/>	Pole N/S	<b>HOPPLES</b>			<input type="checkbox"/>	<input type="checkbox"/>	Menzel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	Pole O/S	<input type="checkbox"/>	<input type="checkbox"/>	Round	<input type="checkbox"/>	<input type="checkbox"/>	Guiders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BLINKERS</b>			<input type="checkbox"/>	<input type="checkbox"/>	Rein N/S	<input type="checkbox"/>	<input type="checkbox"/>	Flat	<input type="checkbox"/>	<input type="checkbox"/>	Stallion Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Open Bridle	<input type="checkbox"/>	<input type="checkbox"/>	Rein O/S	<input type="checkbox"/>	<input type="checkbox"/>	Half	<b>TONGUE TIE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dolly Vardon	<b>CHEEKERS</b>			<input type="checkbox"/>	<input type="checkbox"/>	Bloomers Leather	<input type="checkbox"/>	<input type="checkbox"/>	Visible	<b>TRAINERS NAME</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Block	<input type="checkbox"/>	<input type="checkbox"/>	Sheepskin	<input type="checkbox"/>	<input type="checkbox"/>	Bloomers Sheepskin	<input type="checkbox"/>	<input type="checkbox"/>	W Bit	<b>TRAINERS SIGNATURE</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	<input type="checkbox"/>	Brush	<b>HOPPLE SHORTENER</b>			<input type="checkbox"/>	<input type="checkbox"/>	Undercheck	<b>LICENSE NO</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Pelling Pacifiers	<input type="checkbox"/>	<input type="checkbox"/>	Chin Rest	<input type="checkbox"/>	<input type="checkbox"/>	Elastic	<input type="checkbox"/>	<input type="checkbox"/>	Windsucking Device	<b>DATE</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Mesh Goggles	<input type="checkbox"/>	<input type="checkbox"/>	Crupper	<input type="checkbox"/>	<input type="checkbox"/>	Cord – Pin	<b>MISC</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Murphy Blind N/S	<b>NOSE BAND</b>			<input type="checkbox"/>	<input type="checkbox"/>	<b>REINS</b>	<input type="checkbox"/>	<input type="checkbox"/>	Shadow Roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Murphy Blind O/S	<input type="checkbox"/>	<input type="checkbox"/>	Drop	<input type="checkbox"/>	<input type="checkbox"/>	Lugging Pole N/S	<input type="checkbox"/>	<input type="checkbox"/>	Shaft Extensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pull Up	<input type="checkbox"/>	<input type="checkbox"/>	Figure 8	<input type="checkbox"/>	<input type="checkbox"/>	Lugging Pole O/S	<input type="checkbox"/>	<input type="checkbox"/>	Shaft Spreaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	Nose Veil	<input type="checkbox"/>	<input type="checkbox"/>	Muzzle	<input type="checkbox"/>	<input type="checkbox"/>	Tail Tie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	Neck Strap	<input type="checkbox"/>	<input type="checkbox"/>	Toe Weights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	Pulling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>