

PURSE AUTHORIZATION

1 Check the appropriate box:

- This authorization is for owner earnings.
 This authorization is for driver/trainer earnings.

2. Print or type your name (complete with initials, Jr, II, etc) and permanent mailing address: _____

3. Telephone Number(s) including cell: _____

4. a. Check if you want to pick up checks at the track. Otherwise, checks will be mailed to the address above.

b. Check if you want to authorize another individual to pick up your checks. Print or type their name here: _____

c. Check if you want no other individual to pick up your checks.

5. Please print your USTA # _____

6. For owner authorization, print or type the horse(s) owned. NOTE that if you are listing more than one horse, all horses listed must be of the same ownership.

Authorizations are required for each ownership combination. The owner who is to receive the check and the IRS Form 1099 at year-end must complete this purse authorization.

Horse(s) _____

An IRS Form W-9 must be completed and submitted with this authorization for owners/drivers/trainers who are US citizens. A Form W-8 and a Form 4224 must be completed and submitted with this authorization for owners/drivers/trainers who are not US citizens. The Federal ID# or SS# must match the first name listed on checks issued for earnings related to the above horse(s). **Purse monies will not be released unless these actions are taken.** (Please note: Only the form W-9 is provided with this authorization.) The first person whose name is on the check will receive the Form 1099 Misc. for earnings.

7. **FOR OWNERS ONLY:** Checks for overnight races, and only overnight races, will be released on a regular schedule each week without being held until the laboratory testing clearance is received. Any owner who receives a check and is later notified of a positive test for his or her horse must return the purse payment after receiving notice from the Commission. Refusal to return the payment will result in an indefinite suspension from racing. Your signature below indicates your reading and understanding of above.

DATE

SIGNATURE OF OWNER/DRIVER/TRAINER

Return to: The Meadows Racetrack & Casino Attn: Horsemen's Bkkpr.
210 Racetrack Rd Washington PA 15301
Telephone: (724) 503-1200 ext 2322 Fax: (724) 229-7407