

PURSE CHECK AUTHORIZATION

**MONTICELLO RACEWAY MANAGEMENT, INC.
MONTICELLO RACEWAY
PO BOX 5013
MONTICELLO, NY 12701**

DATE _____

PHONE: 845-794-4100 EXT 466
FAX: 845-794-4110
ATT: DONNA J BRADBURY
E-MAIL: dbradbury@empireresorts.com

NAME OF OWNER _____
STABLE NAME _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
U.S. SOCIAL SECURITY # _____
U. S. FED ID # _____
USTA # _____

**ALL CANADIANS AND FOREIGNERS MUST HAVE A UNITED STATES
SOCIAL SECURITY OR UNITED STATES TAX I.D. NUMBER OR YOU MAY
BE SUBJECT TO A PENALTY FROM THE I.R.S.**

ADDITIONAL OWNERS: _____

NAME OF HORSES RACING UNDER THE ABOVE OWNERSHIP:

SHOULD PURSE CHECKS BE MAILED TO THIS OWNER () YES () NO

DO YOU WANT TO PICK UP YOUR CHECKS IN THE HORSEMEN'S OFFICE () YES () NO

**PERSON AUTHORIZED TO PICK UP CHECKS IN HORSEMEN'S OFFICE: (IF OTHER THAN
OWNER, THIS FORM MUST BE NOTARIZED.)**

SIGNATURE: _____