GOSHEN HISTORIC TRACK, INC. 44 PARK PLACE GOSHEN, NEW YORK 10924

PURSE CHECK INFORMATION AND AUTHORIZATION FORM

PLEASE FILL IN THE INFORMATION ON THIS FORM CAREFULLY. THE TRACK WILL NOT BE RESPONSIBLE FOR ANY DELAY IN THE FORWARDING OF PURSE CHECKS IF THIS INFORMATION IS NOT PROVIDED OR IF THE INFORMATION IS INCORRECT. YOUR COOPERATION WILL EXPEDITE THE PROPER PAYMENT OF PURSE MONIES.

NAME OF HORSE				
DATE OF RACE	RACE #			
PLEASE CIRCLE ALL THAT APPLY:	OWNER	DRIVER	TRAINER	
PURSE CHECK TO BE PAYABLE TO:				
NAME:				
MAILING ADDRESS: (All checks will be	mailed to thi	s address)		
Street Address:				
City, State & Zip Code:				
Phone Number:				
Social Security # or Federal Tax Id #:				
SIGNATURE:				

GOSHEN HISTORIC TRACK TELEPHONE: (845) 294-5333 OR (845) 294-5357 FAX: (845) 294-3998

Web Site: <u>www.goshenhistorictrack.com</u> info@goshenhistorictrack.com

Please note: If you participated in a Landmark Race, please submit this form and a completed,

signed W-9 form to the Hamiltonian Society at:

109 South Main Street, Suite #18 Cranbury, NJ 08512-3174 (Tel) 609-371-2211 * (Fax) 609-371-8890