



ISLE CASINO RACING POMPANO PARK PURSE AUTHORIZATION FORM

Horsmen's Bookkeeper Fax: 954-978-0377

- Check Applicable Boxes:
- This authorization is for OWNER earnings
 - This authorization is for TRAINER earnings
 - This authorization is for DRIVER earnings
 - I want my checks MAILED to the address listed below
 - I am the Tax responsible party for jointly owned horse(s)

Name 1: _____
(Tax responsible party)

Name 2: _____

Name 3: _____

Name 4: _____

Address: _____
(Tax responsible party - Name 1)

Phone #'s: _____
(Include for all names listed above)

Social Security #: _____ OR Federal Tax ID#: _____
(Use the number of the Tax responsible party & COMPLETE THE W-9)

Signature: _____ Date: _____
(Tax responsible party)

Secondary Owners (Names 2 - 4 above):
We the Secondary owners (listed above) agree to allow all purse earnings from the jointly owned horses (listed below) to be paid to the tax responsible party (Name 1) listed above. All earning splits from these horses will be the responsibility of myself and the other named owners.

Signature (Name 2): _____ Date: _____

Notary: _____

Signature (Name 3): _____ Date: _____

Notary: _____

Signature (Name 4): _____ Date: _____

Notary: _____

OWNERS - List the names of horses under this joint ownership:

