

2010 DRIVER/TRAINER REQUEST FORM

TIOGA DOWNS

P O Box 860

Vernon, NY 13476-0860

(315) 829-2201 ext 3215 – phone

(315) 829-6060 - fax

REQUEST TO WITHHOLD 5% OF PURSE

Check One:

- Driver
- Trainer
- Both

Last Name	First Name	Middle Initial
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Permanent Mailing Address:

Address	City	State	Zip Code
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Telephone _____

U.S. Social Security Number _____ - _____ - _____

Are you a:

- U.S. Citizen
- Resident Alien
- Non-Resident Alien

Signature: _____

U.S.T.A. Driver Number _____

N.Y.S. Harness License Number _____

Purse checks are cut on Tuesdays only – distributed on Wednesdays

I would like my checks:

- On demand (to accumulate) – check will be mailed 1 week after receipt of request
- Mailed to above address

To be completed by trainers only

Please list the names of all the horses you train:
