



301 Washington Street
Plainville, MA 02762

PURSE AUTHORIZATION FORM-OWNER, TRAINER OR DRIVER

Account Name: _____

(List all Owners) _____

Current Mailing Address: _____

Phone Number: _____ Cell: _____

E-mail address: _____ U.S.T.A #: _____

U.S. Social Security or TIN number: _____

Name of horse racing under this ownership: _____

Please circle one: Pick up checks OR Mail checks

Date: _____ Signature: _____

Please complete this form and W-9 and return to Christine Lynch.

*Christine.Lynch@pngaming.com
(508)576-4478 – (508)643-4487 (fax)*

Note: NO CHECKS will be issued without a completed Purse Authorization and W-9.

Thank you.