

2024 PURSE AUTHORIZATION FORM

Before you can race, all information below must be completed. Please provide social security numbers, USTA number, and NYS Racing & Wagering Board license numbers (license must be current). All non-US citizens must have a US social security number, otherwise they may be subject to a 30% penalty from the IRS.

NOTE: ALL HORSEMEN MUST ALSO FILL OUT A W-9 FORM IN ADDITION TO THIS FORM.

Horsemen Information (Owners, Drivers, Trainers):					
Last Name	First Name	USTA #		NYSR&W License #	SS# or Federal ID#
Business Name (<i>IF</i>	YOU ARE AN OWNER	WITH A STABLE	PLEASE INCL	LUDE THE STABLE NAME A	AND YOUR NAME)
Signature					
** IF THERE ARE	MULTIPLE OWNER	S FOR A HORSE	, ALL OWN	ERS MUST SIGN THE A	FFIDAVIT FORM.
YOU ARE A(N):	☐ Owner	☐ Trainer	☐ Driver		
Permanent Mailin	ng Address (MUST E	BE COMPLETED	REGARDLES	SS OF HOW YOU RECEI	VE PAYMENT!)
Name		Address			
City/State/Zip		Telephone	e	Email Address	
Please check approp	oriate box for purse cl	heck disbursemen	t:		
☐ Pick-up			_		
Please complete, da	te and sign this form	and <u>mail</u> , <u>fax,</u> or	r email to B	atavia Downs:	
<u>Mailing ad</u> Batavia Dov 8315 Park R Batavia, NY	wns Accounting Dept. Road			umber: 43-6873	

NOTE: Batavia Downs automatically pays 5% to the drivers and trainers from the owners' winnings.

ATTN: Horsemen Bookkeeper

bataviaHBS@westernotb.com



2024 AFFIDAVIT FORM FOR MULTIPLE OWNERS

Each Owner Must Sign This Affidavit:					
We acknowledge that the primary owner,, is authorized to receive all full due to the partnership and will bear responsibility to distribute funds appropriately. Primary Owner Signature					
Name	Signature	Date			
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