

Trainer Automatic Deduction Form

*Please return completed form to Horsemen's Bookkeeper at least 24 hours prior to the effective date.
Rate will be applied to Win, Place, Show winnings only.*

*Owner's Name: _____

*Address: _____

City: _____ State _____ Zip _____

*Phone Number: _____

*Email: _____

*Trainer's Name: _____

*Trainer's Signature: _____

*Rate: _____

*Effective Date: Year _____ Meet _____ or Specific Range: _____

*Owner's Signature: _____

Date: _____

*Required Fields

*****ALL monies clear 48hours after completion of the race. When cleared, requests can be made before 11:30am for same day pick up otherwise all checks will be ready the following day.***

Notary Acknowledgement

STATE OF _____)

COUNTY OF _____)

I, _____, a Notary Public, do hereby certify that on this ____ day of _____, 20____, personally appeared before me _____, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

Notary Public, State of _____

Name, Typed or Printed: _____

My Commission Expires: _____

Please return completed forms to:

Horsemen's Bookkeeper
700 Central Ave
Louisville KY 40208