

	Name(s) as	it appears in th	ne program								
	Business na	Business name, if different from above.									
				Corporation							
	Check appro	1	Individual/Sole proprietor	Partnership	$Other \rightarrow ___$						
	Address (nu	Address (number, street, and apt. or suite no.)									
	City, state, a	City, state, and ZIP code									
Part I		Taxpayer	Identification Number	(TIN)							
			box. For individuals, this	Social security number							
			N). However, for a								
			sregarded entity, see the her entities, it is your		-	-					
			IN). If you do not have		D						
	r, see How to				Employer ide	entification number					
Note: If the account is in more than one name, see the											
chart on	page 2 for gu	idelines on w	hose number to enter.		-						
Part II		For U.S. I	Payees Exempt From Ba	ckup Withholdings	(see the instruction	on on page 2.)					
Part III Certification											
	nalties of perjur										
			s my correct taxpayer identifica								
2. I am not subject to backup withholding because: (a) I am exempt form backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholdings, and											
3. I am a U.S. person (including a U.S. resident alien).											
Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured											
						ther than interest and dividends, you are not required to					
			vide your correct TIN. (See the		enerally, payments of	iner man interest and arvidendis, you are not required to					
Sign	Signature	of $Date \rightarrow$									
Here	U. S. Perso	on									
			20	23-2024 Har	ness Meet						

Purse Registration Form										
Please check a	ll that apply	Owner	Trainer	Driver						
Name	(exactly as appears on ownership	ngners)								
Address	(exactly as appears on ownership	papers)								
Phone	()		USTA #							

Signature: _____