



PLAINRIDGE PARK  
CASINO

**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 Debra Hardy.*

*Deb.hardy@pngaming.com  
(508)576-4461 – (508)643-4487 (fax)*

*Note: No checks will be issued without a completed Purse Authorization and W-9.*

*Thank you.*