THE JOCKEY CLUB APPC	INTMENT OF AGENT FORM	FEE: \$30.00
P.O. BOX 90		
JAMAICA, NY 11417	This form is used to appo	oint an agent
Direct Line: 718-296-5146	for claiming purpo	ses.
Email to: jcsilks@jockeyclub.cor	n	

*** RENEWABLE DECEMBER 31st OF EVERY YEAR***

Complete and return form with fee to: The Jockey Club, P.O. Box 90, Jamaica, NY 11417

STABLE NAME (if applicable) :			
NAME OF OWNER: I,			, appoint
NAME OF AGENT:			
AS MY AUTHORIZED AGENT.			
AGENTS SIGNATURE:			
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE:		LAST 4 SS #	
To act for me in the year 20 s New York, including the ability to not extend authority of the agent t	claim horses fro	om or enter horses in cla	aiming races. This form does
OWNER:			
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE:		LAST 4 SS #	
Signature and Certification	า:		

The undersigned certifies that he/she is a Thoroughbred owner, that the undersigned has full power and authority to execute and file this report and to receive requested documents from The Jockey Club. All information supplied on this form is complete and accurate.

OWNERS SIGNATURE:	DATE:	, 20
PRINT NAME:		

Email to: jcsilks@jockeyclub.com



www.gaming.ny.gov

Authorized Agent

certify that

Name of Owner/ Trainer

Authorized Agent

Has been employed by me as Authorized Agent and should I change agents, I will notify the

Stewards of the racetrack.

Date: _____

Owner/ Trainer signature _____