

**WEST VIRGINIA RACING COMMISSION RETIREMENT PROGRAM FOR BACKSTRETCH  
PERSONNEL FOR MOUNTAINEER RACE TRACK**

**ENROLLMENT FORM FOR THE 2009 PLAN YEAR  
(LICENSED AND WORKING IN SERVICE YEAR 2009)**

Please choose one:       Trainer                       Assistant Trainer                       Groom  
                                  Pony Person                       Stable Person                       Hot Walker  
                                  Exercise Rider

\*\*Trainer proof of eligibility is proven by running a Brisnet 5105, Trainer Report. The cost is \$8.00 to be paid by applicant.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupational Title \_\_\_\_\_ (Trainer, Exercise Rider, etc.)

Phone Number (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number \_\_\_\_\_ email: \_\_\_\_\_

Marital Status:                      SINGLE                      MARRIED                      SEPARATED                      DIVORCED

Did you miss any time during 2009 due to giving birth or adoption:    YES    NO    (If yes, complete Form ML)

WVRC License Type \_\_\_\_\_ WVRC License Number \_\_\_\_\_

Date of Issue \_\_\_\_\_

**PLEASE PROVIDE A COMPLETE COPY OF YOUR FEDERAL INCOME TAX RETURN  
TRAINERS – YOU MUST PROVIDE PROOF OF TOTAL STARTS AT ALL RACE TRACKS.**

Do you participate in any private or public, non-self-funded retirement or pension plan?    YES    NO

Name of Retirement Plan \_\_\_\_\_

I understand that by completing this document and providing a copy of my West Virginia Racing Commission license and W2 or Form 1099 there is no guarantee that I will receive such an allocation since the program administrator for all applicants will impose other requirements in a uniform and non-discriminatory manner. By signing this form, I hereby certify that the information is correct and accurate to the best of my knowledge and that the W2, Form 1099 or tax return that I presented is genuine and to the best of my knowledge and properly filed with the appropriate authorities under penalty of disqualification. By signing below, I agree to the release of my information to other racing entities for the tracking of eligibility for this and other retirement plans.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Reviewed by the Administrator                      ELIGIBLE                      INELIGIBLE                      HOLD

By: \_\_\_\_\_

Date: \_\_\_\_\_