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

ENROLLMENT FORM FOR THE 2010 PLAN YEAR (LICENSED AND WORKING IN SERVICE YEAR 2010)

Choose one: ☐ **Trainer** ☐ **Assistant Trainer** ☐ **Groom** ☐ **Pony Person**
☐ **Stable Person** ☐ **Hot Walker** ☐ **Exercise Rider**

First Name _____ Middle Initial ____Last Name_____

Address_____

City _____ State _____Zip Code_____

Phone Number (____) _____ Date of Birth _____Age_____

Social Security Number _____ email:_____

Marital Status: SINGLE MARRIED SEPARATED DIVORCED

Did you miss any time during 2010 due to giving birth or adoption: YES NO (If yes, complete Form ML)

2010 WVRC License Type _____ 2010 WVRC License No. _____Date Issued_____

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Trainer proof of eligibility is proven by running a BRISNET 5105, Trainer Report. The cost is $8.00 to be paid by applicant. The report must list proof of total starts from January 1, 2010 through December 31, 2011 inclusive.

All other applicants must provide a copy of proof of income of $10,000 or more (from racing sources at Mountaineer) with a W-2 and/or 1099, and Federal Income Tax return with Schedule C as proof of eligibility.

All applicants must attach a copy of your 2010 West Virginia Racing Commission Permit or 2010 photo ID issued by Mountaineer.

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

Reviewed by the Administrator: ELIGIBLE INELIGIBLE HOLD

By: _____ Date:_____